Section 2 - 1   **:** Outputs

Section 2 - 2   **:** Outputs

Section 2 - 3   **:** Outputs

Enrollment and Certification

Section 2 - 4   : Outputs

Section 2 - 4.1 : Forms

Section 2 - 4.1.1   **:** Certification Record

Priority: Required

Window: Certification Record

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window lists current certification information and backup purposes for verification.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.1.1   : Certification Record Criteria

Figure 175 - Certification Record Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to.
Filename - The user may enter the name of a file that the report is to be saved in here.
Number of Copies - The user may enter in the number of copies of this report to be generated.
Family /Client - The user may choose to select by Family or by Participant.
Family ID - The user may enter the Family ID to be queried on. This field can be selected from a list of values. For more information, refer to the Family Information window.
Client Id From/Thru - Drop down lists that allow the user to select the beginning and ending sequential Part. Id numbers to be queried on.

Push Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.1.1.2   **:** Certification Record Form

WIC / CSF Certification Information
Print Date: MM/DD/YYYY

Family ID: ZZZZZZ9   Client ID: ZZZZZZ9   Clinic: XXXXXXXXXXXXXXXX

Client Name: XXXXXX, XXXXXXX   Distribution Site: XXXXXXXXXXXXXXXX

Authorized Representative 1   XXXXXX, XXXXX
Authorized Representative 2

Mailing Address: ZZ9 XXXXXXXXXXXXXX   Street Address: ZZ9 XXXXXXXXXXXXXX
                    XXXXXXXXXXXX, XX ZZZZ9   XXXXXXXXXXXX, XX ZZZZ9

Family Size: Z   Family Members on WIC: Z

Phone Number: (ZZZ) ZZZ-ZZZ9   Language: XXXXXXXXXXXXXX

Disability: X   Military: X   Migrant: X   Homeless: X
Income History:

    Income Interval: XXXXXXXX   Income Amount: ZZZZ.Z   Income Documentation: XXXXXXXX

Adjunctively Eligible:

Birth Date: MM/DD/YYYY   Gender: X

Category: XXXXXXXXXX   Ethnic Group: XXXXXXXXXXXXXXXX
                                                            XXXXXXXXXXXXXXXX

Application Date: MM/DD/YYYY

Certification Date: MM/DD/YYYY   Certification End Date: MM/DD/YYYY

Anthro Date: MM/DD/YYYY   Height: Z'ZZ"   Weight: ZZ9 lbs. ZZ Oz.

Prepregnancy Wt: ZZZ9 lbs. Z Oz.   Weight Gain:

Bloodwork Date: MM/DD/YYYY   Hemoglobin: ZZ   Hematocrit: ZZ

EDD: MM/DD/YYYY   Delivery Date: MM/DD/YYYY

Prenatal Care Began: MM/DD/YYYY   Breastfeeding Now?:   X

Previous Live Births: ZZ   Previous Pregnancies: ZZ

Infant Condition at Birth: XXXXXXXXXXXXXXX   Infant Condition - PP: XXXXXXXXXXX

Pick Up Day: XXXXX XXXXXXX XXXXXXX   Pick Up Interval: XXXXXXX

Food Package: XX XXXXXXX XXXX

Risk Factors: XX XXXXXXX XXXX
                XXXXXXXXXX: XXXX XXXX XXXXXX

Goals: XXXXXXXXXXXX XX XXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXX
                XXXXXXXXXXXXXXXXXXXXXXXXXX

Referrals: XXXXXXXXXXXX XXXXXXX   Referral Date: MM/DD/YYYY

Figure 176 - Certification Record Report

Sort Criteria

Family ID
Participant ID

Background Process(es)

The title of the form changes to either 'WIC Certification Information' or 'CSF Certification Information' depending on the program that the participant is currently certified for. Only risk factors and goals selected to be printed on the care plan are printed on the Certification Record.

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.2   **:** Civil Rights Complaint Form

Priority: Required

Window: Civil Rights Complaint Form

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the CNW to collect the required information to generate a standard civil rights complaint form.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.2.1 **:** Civil Rights Complaint Form Criteria

Figure 177 - Civil Rights Complaint Form Criteria

Fields

Part. ID - The unique identification number to identify a Participant. Double clicking on this field will invoke the Participant/Family search function which can be utilized to retrieve Participant information. This field is mandatory.
Last Name - The last name of the participant. This field is display only.
First Name - The first name of the participant. This field is display only.
MI 1 - The first middle initial of the Participant. This field is display only.
MI 2 - The second middle initial of the Participant. This field is display only.
Anonymous - A check box that indicates that the Participant wishes to remain anonymous, and the Name, address, and phone of the complainant are not filled in by the system.

Section 2 - 4.1.2.2   : Civil Rights Complaint Form

WIC/CSFP Civil Rights Complaint Form

Directions: You have 180 days (6 months) to file a complaint. Fill out the information below.
The starred lines are mandatory.

> Mail To: USDA / Director / Office of Civil Rights
> Room 326-W
> Whitten Building
> 14th and Independence Avenue, SW
> Washington, DC 20250

Name of Complainant: XXXXXXXXXXXX XXXXXXXXXXXXX

Address of Complainant: XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

Phone of Complainant: (ZZZ) ZZZ-ZZZZ

*Name of Agency: XXXXXXXXXXXXXXXXXXXXXXXXXXX

*Address of Agency: XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXX XX ZZZZZ

*Phone of Agency: (ZZZ) ZZZ-ZZZZ

Person writing complaint: _____
(if different than complainant)
Basis of discrimination (circle all those that you feel apply)

      Race   **Color**   **National Origin**   **Age**   **Sex**   **Handicap**

Names, addresses, and phone numbers of any other persons with knowledge of incident(s):
_____
_____
_____

*Date of Incident: _____

*Describe incident (use back of form and include details):
_____
_____
_____

Figure 178 - Civil Rights Complaint Form

Sort Criteria:

None.

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication. When producing this form the system also generates an Adverse Action Appeals form. For more information, see the Appeal Procedures form.

Enrollment and Certification

Section 2 - 4.1.3 **:** Program Request Form

Priority: Required

Window: Program Request Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window is used to generate the program request form which is utilized to gather a participants consent for the WIC program to release medical information.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.3.1   : Program Request Form Criteria

Figure 179 - Program Request Form Criteria

Fields

Part. Id - The identification number of the Participant for whom the program request form is being generated. This field is mandatory.
First Name - The name of the Participant is displayed here.
Last Name - The last name of the Participant is displayed here.
MI 1 - The first middle initial of the Participant is displayed here.
MI 2 - The second middle initial of the Participant is displayed here.

Section 2 - 4.1.3.2   : Program Request Form - Infant / Child

Arizona WIC Program Request/Referral Form - Infant/Child
Confidential Information

From:	To:

Name: __XXXXXXXXXXXXX, XXXXXXXXXXXXX_____   Birth date: _____MM/DD/YYYY_____
Name of parent or guardian: _XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXX_____

☐ This is not my patient

Consent

I authorize the release of all medical information to the WIC Program.

Autorizo que provean toda mi información médica al programa de WIC.

Signature of Parent/Legal guardian/Firma de Padre/Madre/Tutor:_____   Date/Fecha:_____

Medical Information Requested

Date_____   Current Wt._____   Ht._____   Hgb./Hct_____   Gestation Age_____

Medical Conditions
☐   Failure to thrive   ☐   Surgery/Burns
☐   Diabetes   ☐   Muscular Dystrophy
☐   Cystic Fibrosis   ☐   Other (describe below)

Describe: _____
_____
_____

Formula Requested

1.   Formulas tried: Specific Reactions

____ Enfamil w/Iron_____ -
____ Prosobee w/Iron_____
____ Others _____

2.   Specific formula requested:_____

3.   Medical reason for formula:_____

4.   How long client needs to stay on formula:_____

5.   Special Instructions (concentration/rate/additional H_2O):_____
_____

WIC Information Requested

✆   Please send all WIC records as participant has transferred to this agency.

Personnel providing information:	
_____	_____
Signature/Title	Date
_____	_____
Printed Name	Telephone

Figure 180 - Program Request Form - Infant / Child

: Program Request Form - Pregnant, Breastfeeding, Postpartum Women

Arizona WIC Program Request/Referral Form - Pregnant, Postpartum, Breastfeeding Women
Confidential Information

From:	To:

Name: XXXXXXXXXXXXXX, XXXXXXXXXXX _____   Birthdate: _____ MM/DD/YYYY _____

☐ This is not my patient

Consent

I authorize the release of all medical information to the WIC Program.

Autorizo que provean toda mi información médica al programa de WIC.

Signature of Parent/Legal guardian/Firma de Padre/Madre/Tutor:_____Date/Fecha:_____
_____

Medical Information Requested

EDD_____   Date of Hgb/Hct_____   Results _____

List of medical problems:

This pregnancy:_____

_____

_____

Problems during the last 2 pregnancies (not including current):_____

_____

_____

Multiple gestation: _____ Yes   _____ No   Twins/Triplets: _____

Anticipated or actual C-section   _____ Yes   _____ No

Additional Information:_____

_____

_____

WIC Information Requested

❾Please send all WIC records as participant has transferred to this agency

Personnel providing information:	
_____	_____
Signature/Title	Date
_____	_____
Printed Name	Telephone

Figure 181 - Program Request Form - Pregnant, Breastfeeding, Postpartum Women

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

Depending on the age of the participant the system selects either the Women or Infant/Child Program Request form.
The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.4   : Ineligibility Notice

Priority: Required

Window: Ineligibility Notice

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to request the generation of an ineligibility notice. In most cases this would be a report of an already produced notice through either the End of Day process or generated by the system while certifying the participant.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.4.1 : Ineligibility Notice Criteria

Figure 182 - Ineligibility Notice Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Fields (Participant section)

Part. Id - The unique identification number to identify a Participant. This field is mandatory.
Last Name - The last name of the Participant selected. This field is display only.
First Name - The first name of the Participant. This field is display only.
MI 1 - The first middle initial of the Participant. This field is display only.
MI 2 - The second middle initial of the Participant. This field is display only.
Ineligibility Reason - The reason that the Participant is ineligible. This field is display only.

Section 2 - 4.1.4.2   : Ineligibility Notice Form - English

ARIZONA WIC/CSF PROGRAMS
NOTIFICATION OF INELIGIBILITY

Applicant's Name: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXX

You have been found ineligible to participate in the WIC ☐ **or** CSF ☐ (check only one) Program for the following reason(s):

WIC	CSFP
XXX XX XX XXX XXXXXXXXX XXX	XXX XX XXX XX XXXXX XX XXX XXXX
XXX XX XX XXX XXXXXXXXX XXX	XXX X XXX XXX XXXXX XX XXX XXXX
XXX XX XX XXX XXXXXXXX XXX	XXX XX XXX XXX XX XX XXX XXXX

Health and/or Public Assistance Program referral made: yes ☐   no ☐

If any of the above change, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:
Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:
Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE.** If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:
Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202)-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For participants in a valid certification period only: _____

Participants are advised in writing 15 calendar days prior to the end of program benefits. Your WIC Program benefits will

end on_____

Applicant/caretaker signature: _____   Date: _____

Clinic Staff signature: _____   Date: _____

Figure 183 - Notification of Ineligibility - English

Section 2 - 4.1.4.3   **:** Ineligibility Notice Form - Spanish

PROGRAMAS DE WIC/CSF DE ARIZONA
AVISO DE INELEGIBILIDAD

Nombre del Solciante: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXX

La(s) Razon(es) que usted no es elegible para participacion en el Programa de WIC☐ o CSF☐

(marque solo uno) debido a las sigulentes razones:

<table>
<tr><td align="center"><u>WIC</u></td><td align="center"><u>CSFP</u></td></tr>
<tr><td>☐ No es elegible en esta categoria</td><td>☐ No es elegible en esta categoria</td></tr>
<tr><td>☐ Su sueldo excede las normas</td><td>☐ Su sueldo excede las normas</td></tr>
<tr><td>☐ No se identific un riesgo nutritivo</td><td>☐ Usted esta participando actualmente en el Programa de CSFP</td></tr>
<tr><td>☐ Usted esta participando actualmente en el Programa de CSFP</td><td>☐ Otra razon</td></tr>
<tr><td>☐ Otra razon</td><td></td></tr>
</table>

**Solicitante remitido (referida) a Programa de Salud (Health)
o Asistencia Publica (Public Assistance):** ☐ **si** ☐ **no**

Si ocurre un cambio en las situaciones mencionadas arriba, es posible solicitar los servicios de nuevo.

Si usted desea apelar esta decision, se deber solicitar una audencia o una reunion informal (para mostrar causa) dentro de 60 diasde la fencha formulario. El personal de la agencia local le puede asistir en su solicitacion escrita.

Una solicitacion para un audiencia se deber enviar al director de la agencia local.

Si usted desea, puede ser representado por un familiar, una amistad, un concilio legal u otro portavoz. A pesar de que usted tiene el derecho a un concilio legal, este servicio seria a su gasto. No se le proveer un abogado.

WIC es un programa de oportunidad igual. Si una persona piensa que sa ha discriminado en contra de l por razon raza, color, origen nacional, sexo, edad, o inhabilidad, deber escribir al **Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250.**

Firma del solicitante/guradian:_____Fecha:_____
Firma del Representante dela clinica:_____Fecha:_____

Figure 184 - Notification of Ineligibility – Spanish

Sort Criteria

Distribution Site
Participant ID

Calculation(s)

None.

Background Process(es)

Generating this form does not automatically terminate the participant, rather the system reads the termination reason from the Termination window and displays the reason on this notice (For English). When produced in Spanish the termination reason is not filled in, rather the user must check the termination reason that is displayed on the parameter form. This form is produced through the end of day process 6 weeks prior to the end of the certification period for CSF participants that will no longer be categorically eligible.

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.5   **:** Participant Rights and Responsibilities

Priority: Required

Window: Participant Rights and Responsibilities

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to enter information (the family unit) in order to generate a better detailing of the participant rights and responsibilities, and document signatures of authorized representatives.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.5.1   : Participant Rights and Responsibilities Criteria

Figure 185 - Participant Rights and Responsibilities Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Fields (Family section)

Family ID - A unique, system generated identifier for the family/economic unit. This field is mandatory and an be chosen from a list of values. For more information, refer to the Family Information window.

Auth Rep Last Name - The last name of the first authorized representative. This field is display only.

Auth Rep First Name - The first name of the first authorized representative. This field is display only.

MI 1 - The first middle initial of the first authorized representative. This field is display only.

MI 2 - The second middle initial of the first authorized representative. This field is display only.

Fields (Participant section)

Client Id - The unique identification number for a Participant. This field is display only.

Last Name - The last name of the Participant. This field is display only.

First Name - The first name of the Participant. This field is display only.

MI 1 - The first middle initial of the Participant. This field is display only.

MI 2 - The second middle initial of the Participant. This field is display only.

Birth Date - The birth date of the Participant. This field is display only.

Category - The current category of Participant. This field is display only.

Section 2 - 4.1.5.2   : Participant Rights and Responsibilities Form - English

Participant: XXXXXXXXXXXX XXXXXXXXXX Part ID XXXXXXXX   Family ID XXXXXXXX

Documentation Provided

Type of document for participant's total household income:_____

❾Yes ❾No   This represents my total household income.

Type of document for participant's identification: _____

Type of document for participant's residence: _____

CONSENT/RELEASE

Yes   No

             I give permission to clinic staff to physically touch me or my child to:

❾   ❾   measure height and weight

❾   ❾   perform a blood test and

❾   ❾   offer breastfeeding instruction.

❾   ❾   I give permission to WIC/CSFP to release information about my health or the health of my child
to the health care providers listed_____

Consent/release of records may be withdrawn in writing at any time.

- I have been given a copy of, and understand my rights and responsibilities as a WIC or CSFP participant.

- I understand that clinic staff will share information on me or my child with other WIC or CSF Programs.

- I understand that a person cannot be in two WIC or CSF Programs at the same time.

- The information I have given WIC or CSFP is true to the best of my knowledge. I understand that WIC or CSFP staff may check the information I am giving them. If I lie or hide information I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

NOTE   If you wish to appeal any adverse action, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date of the adverse action. Local agency staff may assist you in making your request in writing. A request for a fair hearing is addressed to:
Director, Arizona Department of Health Services, 1740 West Adams, Phoenix, AZ 85007

A request for a show cause meeting is addressed to the local agency program director.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202)-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

_____
Your signature says you understand the above information, and it is accurate. Your signature will cover consent/release until the end of this WIC or CSFP certification period from_____ to _____

_____   _____
Signature of REP 1: XXXXXXXXXXXXXXX XXXXXXXXXXXXX   Date

Figure 186 - Participant Rights and Responsibilities Form – English

Section 2 - 4.1.5.3 **:** Participant Rights and Responsibilities Form - Spanish

Participante: XXXXXXXXXXXX XXXXXXXXXXXXX   ID XXXXXXXXXXX   ID de familia XXXXXXXXXXXX

<div align="center">

DOCUMENTACION
</div>

Tipo de documento del ingreso total del participante:_____

☐ Sí   ❾No   Este es el ingreso total de mi hogar.

Tipo de documento para identificación del participante:_____

Tips de documento del domocillo: _____

<div align="center">

LA DISPONIBILIDAD/EL CONSENTIMIENTO
</div>

Sí   No

❾   ❾   Permitiré que el personal de la clínica tome las medidas de peso y estatura y que
                    tome prueba de sangre del dedo/deto gordo/talon para verificar el nivel del hierro.

❾   ❾   Permitiré que el personal de la clínica haga disponible la información acerca de mi
                    salud o la salud de mi(s) hijo(s) a médico personal apuntado

La disponibilidad/el consentimiento de expedientes se puede suspender por escrito en cualquier momento.

● He recibido una copia de, y entiendo cuales son mis Derechos y Responsabilidades como participante de los programas de WIC o CSF.

● Entiendo que el personal de la clínica tendrá a su disposición datos sobre mi o mi hijo(a) para otros programas de WIC o CSF.

● Entiendo que una persona no puede participar en dos programas de WIC o CSF al mismo tiempo.

● La información que he dado a WIC o CSFP es verdadera según mi conocimiento. Yo entiendo que el personal de WIC o CSFP puede verificar la información que he dado. Entiendo que al ocultar informacíon o mentir puedo ser juzgado(a) bajo la ley Federal o Estatal, y es posible que tenga que compensar el gobierno.

Nota: [Si usted desea apelar esta decisión, se deberá solcitar una audencia o una reunion informal (para mostrar causa) dentro de 60 días de la fecha de la acción adversa. El personal de la agencia local le puede asistir en su solicitud escrita. La solicitud para una audiencia se deberá mandar al **Director, Arizona Department of Health Services, 1740 W. Adams, Phoenix, AZ 85007.**

La solicitud para reunión se deberá enviar al director de la agencia local.

Si usted desea , puede ser representado por un familiar, una amistad, un concilio legal u otro portavoz. A pesar de que usted tiene el derecho a un concilio legal, este servicio sería a su gasto. No se le proveerà un abogado.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410, o llama al (202)720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Al firmar declara que entiende la información arriba y es exacta. Su firma cubrirà el consentimiento/disponibilidad hasta el final de su período de certificación de WIC o CSFP.

Figure 187 - Participant Rights and Responsibilities Form – Spanish

Sort Criteria

Participant ID

Calculation(s)

None.

Background Process(es)

The system generates one copy for each participant in the family group.
The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.6   **:** Proxy Form

Priority: Required

Window: Proxy Form

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to print a form to designate a proxy to the family/economic unit. This allows services for the unit to flow through a single point of contact. The proxy name must be entered in the family information window before producing this form.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.6.1   : Proxy Form Criteria

Figure 188 - Proxy Form Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Program - The program to generate a proxy from, either WIC or CSF. This field is mandatory.

Fields (Family section)

Family ID - A unique, system generated identifier for the family/economic unit. This field is mandatory and an be chosen from a list of values. The list is reduced to only allow the selection of families with at least one proxy defined. For more information, refer to the Family Information window.

Proxy 1

> **Last Name** - The last name of the first authorized representative. This field is display only.
> **First Name** - The first name of the first authorized representative. This field is display only.
> **MI 1** - The first middle initial of the first authorized representative. This field is display only.
> **MI 2** - The second middle initial of the first authorized representative. This field is display only.

Proxy 2

Last Name - The last name of the second authorized representative. This field is display only.
First Name - The first name of the second authorized representative. This field is display only.
MI 1 - The first middle initial of the second authorized representative. This field is display only.
MI 2 - The second middle initial of the second authorized representative. This field is display only.

Fields (Participant section)

Client Id - The unique identification number for a Participant. This field is display only.
Last Name - The last name of the Participant. This field is display only.
First Name - The first name of the Participant. This field is display only.
MI 1 - The first middle initial of the Participant. This field is display only.
MI 2 - The second middle initial of the Participant. This field is display only.
Birth Date - The birth date of the Participant. This field is display only.
Category - The current category of Participant. This field is display only
Print - A check box that indicates a proxy form for the associated participant should be printed. This field is optional and defaults to checked.

Section 2 - 4.1.6.2   : CSF Proxy Form - English/Spanish

FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM
PERMISSION TO PICK UP FOOD PACKAGE

If you are unable to pick up your food package, complete this form and send your yellow ID card and this form with a responsible person who can pick up for you. <u>All blank fields are required</u>. Food Bank staff will check both signatures.

Date: <u>MM/DD/YYYY</u>   Please let : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ___
        Month/Day/Year   Print name of person picking up for you.
 	
pick up my Food Plus / Commodity Supplemental Food Program food package for: _____
                                                                                               Month / Year

My signature: _____   Sign your name here
My representative's signature: _____   Person picking up for you must sign here
Staff / Volunteer: _____Pick up location: _____ (By signing, you have checked signatures of both participant and person picking up food package.)

PROGRAMA DE FOOD PLUS / CSFP
PERMISO DE RECOJER LA DISPENSA DE COMIDA

Si no puede recoger su dispensa de comida, llena esta forma y mande con su tarjeta amarilla con una otra persona. <u>Debe de llenar todos los espacios vacios</u>. Los empleados de Food Plus verificaran las dos firmas.

Fecha: <u>MM/DD/YYYY</u>   Favor de permitir a: XXXXXXXXXXXX XXXXXXXXXXXXXXXX
        Mes/Dia/Año   Nombre de la otra persona
 	
que reciba mi dispensa de comida para: _____
                                            Mes / Año

Mi firma: _____   Firma su nombre aqui
Firma de la otra persona / representante: _____   La persona que reoja la comida firma aqui
Empleado/ Voluntario: _____ Local para recoger:_____ (Al firmar, usted indica que estas firmas son igual.)

Figure 189 - CSF Proxy Form - English/Spanish

Section 2 - 4.1.6.3   : WIC Proxy Form - English/Spanish

PROXY CERTIFICATION	CERTIFICADO DE AUTORIDAD
ARIZONA WIC PROGRAM	**PROGRAMA WIC DE ARIZONA**

I, XXXXXXXXXX XXXXXXXX understand that I will be allowed to accept WIC drafts
   Printed name of proxy
and buy WIC authorized foods for:

XXXXXXXXXX XXXXXXXXX   XXXXXXXXXX XXXXXXXXXXXX
Participant's Name   Participant's Name

XXXXXXXXXX XXXXXXXXX   XXXXXXXXXX XXXXXXXXXXXX
Participant's Name   Participant's Name

XXXXXXXXXX XXXXXXXXX   XXXXXXXXXX XXXXXXXXXXXX
Participant's Name   Participant's Name

I also understand that I must follow all WIC rules including:

- shop only at WIC authorized stores
- buy only the foods listed on the draft
- give all foods bought to the participant
- save the receipts for the foods bought and give them to the participant, and
- use the drafts only during the dates in which they are valid.

Finally, I understand that misuse of drafts is against the law and that offenders will be prosecuted.

The undersigned person is authorized to accept and use WIC drafts

From _____   **To** _____

_____   _____
Proxy signature   Date

_____   _____
Signature of clinic staff   Date

_____
Printed name and title of clinic staff

Yo, XXXXXXXXX XXXXXXXX comprendo que seré permitido aceptar los cheques de
   Nombre (de letra de imprenta) de la persona recibiendo autoridad

WIC y comprar los alimentos autorizados por WIC para:

XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXX XXXXXXXXXXXX
Nombre de participante   Nombre de participante

XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXX XXXXXXXXXXXX
Nombre de participante   Nombre de participante

XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXX XXXXXXXXXXXX
Nombre de participante   Nombre de participante

Ademas comprendo que debo seguir las reglas de WIC incluyendo:

- comprar solo en las tiendas autorizadas por WIC
- comprar solo los alimentos apuntados en el cheque
- dar todos los alimentos al participante
- obtener los recibos de la tienda de los alimentos comprados y entregarlos al participante
- usar los cheques solamente durante el tiempo en el que son válidos

Finalmente comprendo que el uso impropio de los cheques es contra la ley y los ofensores serán sujeto a la prosecución.

La persona firmante es autorizada para aceptar y usar los cheques de WIC

Desde _____   **Hasta** _____

_____   _____
Firma de autorizado(a)   Fecha

_____   _____
Firma de personal de la clinica   Fecha

_____
Nombre en letra de imprenta y titulo de personal de la clinica

Figure 190 - WIC Proxy Form - English/Spanish

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

When the printer icon is pushed, the following message is displayed to the user, 'Proxy pickups should be limited to one month issuances, please update the pick up interval for each participant in this family to 1.'

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.7   : Verification of Certification

Priority: Required

Window: Verification of Certification

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window will allow the user to produce a document to provide proof of WIC program certification for a Participant.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.7.1   : Verification of Certification Criteria

Figure 191 - Verification of Certification Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to.
Filename - The user may enter the name of a file that the report is to be saved in here.
Number of Copies - The user may enter in the number of copies of this report to be generated.
Client - The unique identification number to identify a Participant.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.1.7.2   : Verification of Certification Form

Arizona WIC Program
Verification of Certification

Participant Name: XXXXX XXXXXX   Category: XXXXXXXXXX

Birth Date: MM/DD/YYYY   Participant ID: ZZZZZZZZZ

Certification Date: MM/DD/YYYY   Certification End Date: MM/DD/YYYY

Priority: Z   EDD/Delivery Date: MM/DD/YYYY

 Nutritional Risk Criteria: XXX
                                XXX
                                XXX

Measurement Date: MM/DD/YYYY   Height: Z9 in.   Weight: ZZ9 lbs

Bloodwork Date: MM/DD/YYYY   HGB: ZZ   HCT: ZZ

Date of Last FI Issuance: MM/DD/YYYY

Family Size: Z

 Income History: Income Determination Date
                                          MM/DD/YYYY
                                          MM/DD/YYYY

                                    _____
                                    Signature of LA Representative

                                    _____
                                    Print Name

                 Local Agency Code/Name: Z9 XXXXXXXXXXXX
                            Address: ZZ9 XXXXXXXXXXXXXXX
                                             XXXXXXXXXX, XX ZZZZZ

                     Phone Number: (ZZZ) ZZZ-ZZZ9

                    Consent for Release of Information
          I authorize the Arizona WIC Program to release the above information.

_____   _____
Client Signature   Date

Figure 192 - Verification of Certification Report

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

Producing this form does not terminate the participant.

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.8   **:** Voter Registration Questionnaire

Priority: Required

Window: Voter Registration Questionnaire

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to issue a voter registration questionnaire for a family unit.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.8.1   : Voter Registration Questionnaire Criteria

Figure 193 - Voter Registration Questionnaire Criteria

Fields

Family ID - A unique, system generated identifier for the family economic unit. This field is mandatory.

Authorized Rep1 Last Name - The last name of the authorized representative. This field is display only.

Authorized Rep1First Name - The first name of the authorized representative. This field is display only.

MI 1 - The first middle initial of the authorized representative. This field is display only.

MI 2 - The second middle initial of the authorized representative. This field is display only.

Section 2 - 4.1.8.2   : Voter Registration Questionnaire Form - English/Spanish

OFFER OF VOTER REGISTRATION	**OFERTA DE REGISTRO DE VOTANTES**

Applying to register to vote or declining to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote <u>where you live now</u>, would you like to apply to register to vote here today?

Do you wish to register?   _____ yes _____ no

IF YOU DO NOT CHECK EITHER LINE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help filling out the voter registration application form, we will help you or you may fill out the application form in private. You may take the form with you and mail it to the county recorder yourself or you may complete the registration here and deposit it in the box provided.

If you choose to register to vote here, the information regarding the location of the agency where the registration took place will remain confidential. If you choose not to register to vote at this time, that information will remain confidential.

_____

SIGNATURE OF CLIENT (or initials of staff person)   Date

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

State Elections Officer
Secretary of State's Office
1700 West Washington
Phoenix, Arizona 85007
(602) 542-8683

El solicitar su registro para votante o el rehusarse a votar no afectará la cantidad de asistencia que Ud. recibá de esta agencia.

Si UD. no está registrado para votar <u>donde Ud. vive actualmente</u>, ¿le gustaría hacer una solicitud aquí ahora para poder votar?

¿Desea UD. registrarse para votar?   _____ si _____ no

SI UD. NO MARCA NINGUNA LINEA, SE CONSIDERARA QUE UD. DECIDIO NO REGISTRARSE PARA VOTAR AHORITA.

Si Ud. necesita ayuda llenando su solicitud de registro de votante, nosotros podemos ayudarle o puede usted llenar la solicirud en privado. Ud. puede llevarse la forma y enviársela Ud. mismo por correo al secretario del condado o puede completar la solicitud y depiositarla en la caja que proporcionamos.

Si Ud. se decide a registrarse para votar aquí, la información acerca de la agencia donde se efectuó el registro permanecerá confidencial. Si Ud. decide no registrarse para votar ahora, la información permanecerá confidencial.

_____

FIRMA DEL CLIENTE (o iniciales del miembro del personal)   Fecha

----

Si Ud. piensa que alguien ha interferido con su derecho de registrarse para votar, de rehusarse a votar, su derecho a privacidad en dicidir si se registra o solicita el registro para votar, o su derecho para escoger su propio partido político u otra preferencia política, Ud. puede registrar una queja con:

Oficial Estatal de Elecciones
Oficina de Secretario de Estado
1700 West Washington
Phoenix, Arizona 85007
(602) 542-8683

Figure 194 - Voter Registration

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.9   **:** CSF Program Referral Notice

Priority: Required

Window: CSF Program Referral Notice

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a referral notice for CSF participants.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.9.1   : CSF Program Referral Notice Criteria

Figure 195 - CSF Program Referral Notice Criteria

Fields (Participant section)

Client Id - The unique identification number for a Participant. This field is mandatory.
Last Name - The last name of the Participant. This field is display only.
First Name - The first name of the Participant. This field is display only.
MI 1 - The first middle initial of the Participant. This field is display only.
MI 2 - The second middle initial of the Participant. This field is display only.

Fields (Referral section)

ID - The unique identification number for a program. This field can be selected from the list of values. For more information, refer to the Programs table in Operations Management. This field is mandatory.
Program - The name of the program this Participant is being referred to. This field is display only.
Outreach Organization ID - The unique identification number for an outreach organization. This field can be selected from the list of values. For more information, refer to the Outreach/Referrals table in Operations Management. This field is mandatory.
Outreach Organization - The name of the outreach organization this program is associated with This field is display only.
Print - A check box that indicates a referral form for the associated program should be printed. This field is optional and defaults to checked.

Section 2 - 4.1.9.2   **:** CSF Program Referral Notice Form

<p style="text-align:center">CSF PROGRAM REFERRAL NOTICE</p>

MM/DD/YYYY

XXXXXXXX
XXXXXXXX XXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX

To whom it may concern:

I would like to refer the following person to your program:

      XXXXXXXXXXXXXXXX XXXXXXXX
      XXXXXXXX XX
      XXXXXXX, XX ZZZZ9

      Ph.: (ZZZ) ZZZ-ZZZ9

They have been a participant in the CSF Program and may benefit from the services provided by your program.

If you need more information or have any questions, please call your local CSF Program location at (ZZZ) ZZZ-ZZZ9

Thank you.

Figure 196 - CSF Program Referral Notice

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.10   : CSF Notice to Reapply

Priority: Required

Window: CSF Notice to Reapply

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a notice to reapply for CSFP.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.10.1   : CSF Notice to Reapply Criteria

Figure 197 - CSF Notice to Reapply Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Client Id - The unique identification number for a Participant. This field is mandatory.

Last Name - The last name of the Participant. This field is display only.

First Name - The first name of the Participant. This field is display only.

MI 1 - The first middle initial of the Participant. This field is display only.

MI 2 - The second middle initial of the Participant. This field is display only.

Section 2 - 4.1.10.2   : CSF Notice to Reapply Form - English

XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX _____

Participant's Name

XXXXXXXXXXXXXXXXXXXXXXX   ZZZZZZZZZ_____
Address   Identification Number

XXXXXXXXXX   XX   ZZZZZ   **PG   PP   BF   CH   EL**
City   State   Zip Code   Category

You were certified for this program MM/DD/YYYY. The last month in which you can

pick up your food from this program will be MM/DD/YYYY. In order to receive more food,

you must apply again.

❾   Please call (ZZZ) ZZZ-ZZZZ_____to make an appointment. If your child is under the age
        of five, **you may request to have a WIC screening appointment**.

❾   An appointment has been made for you on: _____.

        Please come to the following location: XXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXXXXXXXX

**When you come to your appointment, you must bring proof of current address and proof of
total household gross income. If the appointment is for WIC, you must also bring the child
with you to the appointment.**

I understand what I need to do in order to continue in the Food Plus / CSF Program.

_____
Signature: Authorized Representative   Date

_____
Signature: Local Agency Representative   Date

"Food Plus is an equal opportunity program. Persons who believe they have been discriminated against because of race, color,
national origin, sex, age, or disability should write to the Secretary of Agriculture, USDA, Washington, DC 20250."

Figure 198 - CSF Notice to Reapply Form - English

Section 2 - 4.1.10.3   : CSF Notice to Reapply Form - Spanish

XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX
Nombre del participante

XXXXXXXXXXXXXXX   ZZZZZZZZZ
Dirección   Numero de identificación

XXXXXXXXXXX   XX   ZZZZZ   **PG   PP   BF   CH   EL**
Ciudad   Estado   Zona Postal   Categoría

Usted fue certificado para este programa MM/DD/YYYY. El utimo mes que puede recibir la

comida del programa sera MM/DD/YYYY. Para que usted puede seguir recibiendo mas comida,

necesita poner una aplicación otra ves.

❾   Llame (ZZZ) ZZZ-ZZZZ   para una cita, por favor. Si su niño tiene menos de   cinco
años, **es posible para usted hacer una cita para WIC**.

❾   Se ha reservado una cita para usted el: _____.

Favor de venir a la dirección indicado: XXXXXXXXXXXXXXXXX
                                        XXXXXXXXXXXXXXXX

Cuando vaya a la cita, tiene que traer comprobante de dirección atual y comprobante del ingeso económico total en el hogar. Si la cita es para WIC, tiene que traer su niño con usted a la cita.

Yo comprendo que necesito hacar para seguir en el programa.

Firma del participante   Fecha

Firma del represente de la agencia   Fecha

"Food Plus es un prgrograma de oportunidad igual. Si una persona piensa que se ha discriminado en contra de el por razón de raza, color, origen nacional, sexo, edad, o inhabilidad, deberá escribir al Secretary of Agriculture, USDA, Washington, DC 20250."

Figure 199 - CSF Notice to Reapply - Spanish

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

This form is produced automatically through the end of day process 6 weeks prior to the end of the certification period. When printed through end of day, the language printed is dependant on the language chosen on the Family Information window.

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.11   : Waiting List Notification

Priority: Required

Window: Waiting List Notification Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a WIC or CSF Waiting List Notification.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.11.1   : Waiting List Notification Criteria

Figure 200 - Waiting List Notification Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Program - The program the notice should be printed for, either WIC or CSF. This field is mandatory.

Client Id - The unique identification number for a Participant. This field is mandatory.

Last Name - The last name of the Participant. This field is display only.

First Name - The first name of the Participant. This field is display only.

MI 1 - The first middle initial of the Participant. This field is display only.

MI 2 - The second middle initial of the Participant. This field is display only.

Section 2 - 4.1.11.2   WIC Waiting List Notification Form - English

ARIZONA WIC PROGRAM
WAITING LIST NOTIFICATION

XXXXXXXXXXXXX, XXXXXXXXXXXXX
Print Applicant's Name   Last,   First

ZZ XXXXXXXXXXXXXXXXXXXXX
Mailing Address

XXXXXXXXXXXXX   XX   ZZZZZ
City   State   Zip Code

(ZZZ) ZZZ-ZZZZ
Telephone Number with Area Code

Home ☐   Message ☐

This section for clinic use only.
0   1   2   3   4   5   6   7
(Circle Potential / Actual Priority)

(Date Placed on Waiting List)

Pregnant Breastfeeding Postpartum Infant Child

(Circle Potential / Actual Category)

Complete with: Infant / Child = Date of Birth

or
Pregnant = Estimated Date of Delivery

or

Postpartum / Breastfeeding = Date Pregnancy Ended

Referral to health and/or food/public assistance program:
☐ yes   ☐ no

It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program benefits.

If you wish to appeal this decision, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date on this form. Local agency staff may assist you in making your request in writing.

A request for a fair hearing is addressed to the **Director, Arizona Department of Health Services, 1740 West Adams, Phoenix, AZ 85007**.

A request for a show cause meeting is addressed to the local agency program director.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age or disability should write to the **Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250**.

Participant Signature   Date   Signature and Title of Clinic Staff   Date

Original copy - applicant
Second copy - file

Figure 201 - WIC Waiting List Notification Form - English

Section 2 - 4.1.11.3 : CSF Waiting List Notification Form - English

ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM WAITING LIST NOTIFICATION

FOR CLINIC USE ONLY		
Wait List Date: MM/DD/YYYY_____	DOB: MM/DD/YYYY	CIRCLE CATEGORY

| Referral to health and/or food/public assistance program: ❾Yes ❾No | PG MM/DD/YYYY_____
EDD | CH |
| Language Spoken/Read ❾Eng ❾Spa ❾Other_____ | BF PP MM/DD/YYYY_____
DATE PREGNANCY ENDED | EL
❾HB
❾NHB |

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX X X_____
Print Applicant's Name (Last, First, Middle)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX_____
Mailing Address

XXXXXXXXXXXXXXXXXXX   XX_____   ZZZZZ_____
City   State   Zip Code

(ZZZ) ZZZ-ZZZZ_____   _____
Telephone Number with Area Code   Alternative Phone Number / Name of Contact Person

❾Home Phone ❾Work Phone ❾Message Phone ❾Pager ❾No Phone Comments:
_____

It has been determined that you may meet the criteria to participate in the Arizona Food Plus / CSF program. Unfortunately, at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a Waiting List and will be notified when it is possible for you to apply for Program benefits.

If you wish to appeal this decision, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date indicated on this form. Local agency staff may assist you in making your request in writing.

Address your request for a show cause meeting to the local agency Program director.

Address your request for a fair hearing to the **Director, Arizona Department of Health Services, 1740 West Adams, Phoenix AZ 85007.**

If you choose, you may be represented by a relative, friend, legal counsel, or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

Food Plus / CSFP is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability should write to the **Secretary of Agriculture, US Department of Agriculture, Washington, DC 20250.**

_____   _____
Signature and Title of Clinic Staff   Date

Figure 202 - CSF Waiting List Notification, English

Section 2 - 4.1.11.4 : CSF Waiting List Notification Form – Spanish

PROGRAMA DE FOOD PLUS / CSFP DE ARIZONA
AVISO DE LISTA ESPERA

FOR CLINIC USE ONLY		
Wait List Date: MM/DD/YYYY_____	DOB: MM/DD/YYYY	CIRCLE CATEGORY
Referral to health and/or food/public assistance program: ❾Yes ❾No	**PG** MM/DD/YYYY_____ EDD	**CH**
Language Spoken/Read ❾Eng ❾Spa ❾Other_____	**BF PP** MM/DD/YYYY_____ DATE PREGNANCY ENDED	**EL** ❾HB ❾NHB

XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX X X_____
Apellido, Nombre del Solicitante en letra de molde

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX_____
Domicilio Postal

XXXXXXXXXXXXXXXXXXXXX   XX_____   ZZZZZ_____
Ciudad   Estado   Zonal
Postal

(ZZZ) ZZZ-ZZZZ_____   _____
Num. De Teléfono con el código de area   Otro número de tel. / Nombre de la persona de
contacto

❾Casa   ❾Trabajo ❾Mensaje ❾Dispositivo de llamada ❾No tiene un teléfono Comentarios:
_____

Se ha determinado que usted podría calificar para el Programa de Food Plus / CSFP de Arizona. Desafortunadamente, en estos momentos no hay fondos para ofrecer servicios a cada solicitante que podría calificar. Su nombre se ha puesto en la lista de espera, y se le avisará en el momento oportuno cuando usted pueda solicitar beneficios del programa.

Si desea apelar esta decisión, puede pedir audiencia imparcial o asamblea informal (mostrar causa) dentro de 60 días de calendario a partir de la fecha en este formulario. El personal de la agencia local le podrá ayudar para hacer su petición por escrito.

Envié su petición de asamblea para mostrar causa al director del programa de la agencia local.

Envié su petición de audiencia imparcial a: **Director, Arizona Department of Health Services, 1740 West Adams Phoenix, Arizona 85007.**

Le puede representar un pariente, amigo, asesor legal u otra persona de su preferencia. Usted tiene derecho a representación legal, pero usted tiene que pagar los gastos. No le será provisto un abogado.

Food Plus / CSFP es un programa con igualdad de oportunidades. Las personas que crean que se les ha discriminada a causa de raza, color, origen nacional, sexo, edad o incapacidad deben escribir a: **Secretary of Agriculture, US Department of Agriculture, Washington, DC 20250.**

Figure 203 - CSF Waiting List Notification, Spanish

Section 2 - 4.1.11.5   : WIC Waiting List Notification Form - Spanish

Programa de WIC en Arizona
Aviso de Lista de Espera

_____

nombre de solicitante apellido primero

_____

domicilio de correo

_____

ciudad   estado   código postal

_____

número telefónico con área

❑   casa
❑   mensajes

Se ha determinado que usted llena los requisitos para poder participar en el Programa de WIC de Arizona. Infelizmente, no hay fondos disponibles en la actualidad para proveer beneficios a todos los solicitantes quienes califican. Su nombre se coloca en la lista de espera y se le notificará cuando le es posible solicitar los beneficios del programa.

Si usted desea apelar esta decisión, debe solicitar una *audiencia* o *una junta para mostrar causa* dentro de sesenta (60) dias desde la fecha indicado en este formulaio. El personal de la agencia local puede ayudarle hacer la solicitud por escrito.

La solicitud para una *audiencia* se presenta al:

Director, Arizona Department of Health Services
1740 W. Adams
Phoenix, AZ. 85007

La solicitud para una *junta para mostrar causa* se presenta al director del programa de la agencia local.

Usted tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Aunque usted tiene el derecho de ser representado por un asesor legal, debe reconocer que usted sufraga el gasto. No se le proveerá asistencia legal ni abogado.

WIC es un programa que ofrece oportunidad igual a todos. Para presentar una queja de discriminación sobre la base de raza, color, origén nacional, género, religión, edad, o impedimentos sírvase escribir a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410

Firma del solicitante_____   fecha_____

Firma y título del personal_____   fecha_____

Figure 204 - WIC Waiting List Notification Form - Spanish

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication. When producing this form for CSF the system also generates an Adverse Action Appeals form. For more information, see the Appeal Procedures form.

Enrollment and Certification

Section 2 - 4.1.12   : Waiting List Enrollment Notification

Priority: Required

Window: Waiting List Enrollment Notification

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to capture the required information to generate a CSF or WIC Waiting List Enrollment Notification.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.12.1   : Waiting List Enrollment Notification Criteria

Figure 205 - Waiting List Enrollment Notification Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Program - The program that the notice should be printed for, either WIC or CSF. This field is mandatory.

Client Id - The unique identification number for a Participant. This field is mandatory.

Last Name - The last name of the Participant. This field is display only.

First Name - The first name of the Participant. This field is display only.

MI 1 - The first middle initial of the Participant. This field is display only.

MI 2 - The second middle initial of the Participant. This field is display only.

Section 2 - 4.1.12.2 : CSF Waiting List Enrollment Notification Form - English

FOOD PLUS / CSFP SENIOR WAITING LIST ENROLLMENT NOTIFICATION

Date: <u>MM/DD/YYYY</u>

Applicant's Name: <u>XXXXXXXXXXXXXX XXXXXXXXXXXXXXXX</u>

Address: <u>XXXXXXXXXXXXXXXXXXXX</u>   Apt. No: _____

City: <u>XXXXXXXXXXXXXXXX</u> , XX   Zip Code: <u>ZZZZZ</u>

You were placed on the waiting list for the Food Plus/CSF Program on <u>MM/DD/YYYY</u> .
At that time we were not able to enroll you in the program. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the Food Plus/CSF Program, you must contact the closest WIC and Food Plus/CSFP office in your area and make an appointment to be screened for eligibility.

The requirements for this program specify that you must be at least 60 years of age and meet Federal income guidelines. **Therefore, when you come to your appointment you must provide identification and proof of total household income.**

Gross household income includes, but is not limited to the following:

< Wages, salaries, etc. received by <u>any</u> household member
< Social Security benefits, including amount deducted for Medicare premiums
< Rent received on property owned
< Assistance from friends or relatives
< SSI, Retirements, Pensions, Annuities, Interest Income, or any other income

The closest WIC and Food Plus/CSFP office in your area is:

Please call <u>*(ZZZ) ZZZ-ZZZZ*</u> to schedule an appointment.

Waiting list enrollment notification: 1/99

Figure 206 - CSF Waiting List Enrollment Notification, English

Section 2 - 4.1.12.3   : CSF Waiting List Enrollment Notification Form - Spanish

<div align="center">

PROGRAMA DE CSF EN ARIZONA PARA ANCIANOS
AVISO DE MATRICULACIÓN DE LA LISTA DE ESPERA

</div>

Fecha: <u>MM/DD/YYYY</u>

Nombre de aplicante: <u>XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX</u>

Dirección: <u>XXXXXXXXXXXXXXXXXXXXXXX</u>   Apt.: _____

Ciudad: <u>XXXXXXXXXXXXXXX</u>   , XX   Código Postal: <u>ZZZZZ</u>

Usted fué puesto en la lista de espera del Programa de Food Plus/CSF en: <u>MM/DD/YYYY</u> . En esta fecha no nos fué posible inscribilo/a en el programa. Esta Carta es para notificarle que ya es posible registrarselo/la y podria empezar a recibir beneficios del programa.

Si todavía está usted interesado/a en participar en el programa de Food Plus/CSF, debe notificarlo a la oficina de WIC y Food Plus/CSF más cercana a su domicilio y hacer una cita de evaluación de elegibilidad.

Los reguistios para este programa especifican que usted debe tener por lo menos 60 años de edad y llenar los requisitos de las guias federales de ingresos. **Por la tanto, cuando venga a su cita deberá mostrar identificación y prueba del ingreso total en su hogar.**

Ingreso total del hogar incluye, pero no se limita a los siguientes:

<   Salarios, pagos, etc. recibidos por <u>alguna</u> persona en el hogar
<   Beneficios del Seguro Social, incluyendo cantidad deducida del Seguro Médico
<   Renta recibida de alguna propiedad
<   Ayuda de amigos o parientes
<   SSI, pensiones, intereses bancarios, y cualquier otro tipo de ingresos

La oficna de WIC y Food Plus/CSFP más cercana a su domicilio es:

Por favar llamar a: <u>*(ZZZ) ZZZ-ZZZZ*</u> para hacer una cita.

Figure 207 - CSF Waiting List Enrollment Notification, Spanish

Section 2 - 4.1.12.4   : WIC Waiting List Enrollment Notification Form - English

WIC WAITING LIST ENROLLMENT NOTIFICATION

Date:____MM/DD/YYYY_____

Applicant's Name: ____XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXX_____

Address:____XXXXXXXXXXXXXXXXXXXX_____   Apt no: __9999_____

City: ___XXXXXXXXXXXXXXXXXXXXXXXX_____AZ   Zip Code: __99999___

__XXXXXXXXXXX XXXXXXXXXXXX_____ was placed on the waiting list for the WIC program on

_MM/DD/YYYY__. At that time, we had no openings for persons in that priority. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the WIC program, call ____(999) 999-9999_____ to make an appointment to be screened for eligibility. The closest WIC clinic is:
Address: XXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXX

The applicant must be present at the appointment. Also bring to the appointment:

1. Proof of total household income which includes any and all of the following:

       ❾a current AHCCCS, TANF or food stamp approval letter OR
        ❾a ledger for net income from farm or non- farm self employment OR,
        ❾a formal letter from employer OR
        ❾a current bank statement. OR
        ❾a full 30 days worth of current pay stubs OR
        ❾unemployment check stubs OR
        ❾a statement of alimony or child support payments, OR
       ❾ other income

2. Proof of address. Bring ONE of the following:

      ☐ driver's license,
      ☐ rent receipt
      ☐ utility bills
      ☐ Other _____

3. Proof of identity. Bring ONE of the following:

      ☐ Driver's licence
      ☐ Passport
      ☐ Student ID
      ☐ Birth certificate
      ☐ Any picture ID

Figure 208 - WIC Waiting List Enrollment Notification Form - English

Section 2 - 4.1.12.5   : WIC Waiting List Enrollment Notification Form - Spanish

Programa de WIC en Arizona

Aviso de Matriculación de la Lista de Espera

Fecha:___MM/DD/YYYY_____

Nombre del Solicitante___XXXXXXXXXXXX, XXXXXXXXXXXXXX_____

Domicilio____XXXXXXXXXXXXXXXXXXXXX____ Apt. #___9999___

Ciudad ___XXXXXXXXXXXXXXXXXXX___AZ.   Código postal ___999999___

El nombre de __XXXXXXXXXX, XXXXXXXX_____ se colocó en la lista de espera para el Program
de WIC el _MM/DD/YYYY___. En aquel entonces no se podía atender personas con aquella prioridad.
Le estamos notificando mediante esta carta que ahora puede ser posible matricularse y empezar a recibir
beneficios del Programa WIC.

Si usted se interesa todavia en participar en el Programa de WIC, sírvase llamar
al: __(999) 999-9999__ para hacer una cita de evaluación preliminar y determinar su elegibilidad.
La clínica más cercana es:

Domicilio _XXXXXXXXXXXXXXXXXXXXX___

_____XXXXXXXXXX, XX 999999_____

El solicitante debe estar presente en la cita y debe traer los siguientes documentos:

1. **Comprobante del importe total de ingresos de todos los miembros de la casa.**
   Debe traer uno o más de los siguientes documentos:
   - ❑ Comprobante o carta actualizada de elegibilidad de AHCCCS, TANF, o estampillas de comida
   - ❑ Libro de cuentas mostrando ingreso neto debido a empleo en el rancho o empleo propio
   - ❑ Carta oficial con membrete del patrón
   - ❑ Informe oficial del estado de cuentas del banco
   - ❑ Talones de cheques cobrados durante los últimos 30 dias
   - ❑ Talones de cheques del desempleo
   - ❑ Declaración y cuenta de pagos de asistencia (alimony),
     mantenimiento de menores (child support), u otros ingresos

2. **Comprobante de residencia:**
   - ❑ Licencia de manejar
   - ❑ Factura por servicios públicos
   - ❑ Recibo oficial de la renta

3. **Comprobante de identidad:**
   - ❑ Licencia de manejar
   - ❑ Pasaporte o visa
   - ❑ Identificación estudiantíl

Figure 209 - WIC Waiting List Enrollment Notification Form – Spanish

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.13   : Program Counseling/Disqualification

Priority: Required

Window: Program Counseling/Disqualification Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative:

This window allows the user to identify and generate a warning letter or a disqualification letter for program abuse for an individual Participant.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.13.1   : Program Counseling / Disqualification Criteria

Figure 210 - Program Counseling / Disqualification Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Program - The program to generate a Program Counseling or Disqualification notice, either WIC or CSF. This field is mandatory.

Form - The name of the form which should be printed, either Counseling or Disqualification. This field is mandatory.

Fields (Participant section)

Client Id - The unique identification number to identify a Participant. This field is mandatory.
Last Name - The last name of the Participant. This field is display only.
First Name - The first name of the Participant. This field is display only.
MI1 - The first middle initial of the Participant. This field is display only.
MI2 - The second middle initial of the Participant. This field is display only.

Section 2 - 4.1.13.2   : CSF Program Counseling / Disqualification Form - English

ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM
PROGRAM COUNSELING / SUSPENSION FORM

Participant: XXXXXXXXXXXXX XXXXXXXXXXX___ ID Number: ZZZZZZZZZ_____

is suspended from the Food Plus / Commodity Supplemental Food Program

from _____ to _____.

The participant/authorized representative has violated the following rule(s) of the Arizona Food Plus / Commodity Supplemental Food Program:

☞ Dual Participation

    ☞ In WIC and Food Plus / CSFP.*

    ☞ In Food Plus / CSFP, by receiving more than one food package per participant during the same month, either at the same or different Food Plus / CSFP distribution locations.*

☞ Exchanging and / or selling Food Plus / CSFP foods.*

☞ Abusive behavior towards Food Plus / CSFP staff, associates, food bank or food distribution personnel, volunteers, or other Food Plus / CSFP participants.

☞ Intentionally misrepresenting, concealing, or withholding facts to obtain benefits.

☞ Other _____

_____

* RESULTS IN IMMEDIATE SUSPENSION FOR PARTICIPANT AND ALL OTHER IMMEDIATE FAMILY MEMBERS ENROLLED IN FOOD PLUS / CSFP.

I, XXXXXXXXX XXXXXXX, have been counseled on the violations of Food Plus / CSFP rules checked and now know the proper procedures to use. I understand that I can have this decision reviewed by the State WIC and Food Plus/CSFP Office. I can request a review by either asking the local program director or writing to the Manager, Community Nutrition Programs Section, Arizona Department of Health Services, 1740 West Adams, Phoenix, Arizona 85007. I also understand that if I do not agree with the results of this review, I can request a Fair hearing by writing to the Director of the Arizona Department of Health Services.

_____   _____
Signature of participant/authorized representative   Date

Figure 211 - CSF Counseling / Disqualification - English

Section 2 - 4.1.13.3 : CSF Program Counseling / Disqualification Form - Spanish
PROGRAMA DE FOOD PLUS / CSFP DE ARIZONA
FORMA DE CONSEJO / SUSPENSIÓN

Participante: XXXXXXXXXX XXXXXXXXXX Numero de Identificación: ZZZZZZZZZ_____

esta suspendido del Programa de Food Plus / CSFP

de _____ hasta _____.

El participante/representante autorizado ha violado las siguientes reglas del Programa de Food Plus / CSFP de Arizona:

☞Participación Dual

☞En los programas de Food Plus / CSFP y WIC al mismo tiempo.*

☞En el programa de Food Plus / CSFP, si recibe más de una despensa de comida durante el mismo mes, en la misma localidad o en diferente localidades.*

☞Cambió o vendió la comida del Programa de Food Plus / CSFP.*

☞Conducta abusiva hacía a los empleados, trabajadores, socios, personal, o voluntarios del Programa de Food Plus / CSFP o del Banco de Comida, u otros participantes de Food Plus /   CSFP.

☞Representación fraudulenta o encubrimiento de información correcta al programa para obtener beneficios.

☞Otra Razón _____

_____

* SUSPENSIÓN INMEDIATA PARA EL PARTICIPANTE Y TODOS LOS MIEMBROS DE LA FAMILIA QUE ESTAN PARTICIPANDO EN EL PROGRAMA DE FOOD PLUS / CSFP.

Yo, XXXXXXXX XXXXXXXXXX , he sido aconsejado sobre las violaciones de las reglas del Programa Food Plus / CSFP, y ahora, ya entiendo los procedimientos correctos. Entiendo que esta decisión puede ser revisada por la oficina de Programas de WIC y Food Plus / CSFP del estado de Arizona. Se que puedo pedir un repasado solicitado del director del programa local o si le escribo al Manager, Community Nutrition Programs Section, Arizona Department of Health Services, 1740 West Adams, Phoenix, Arizona 85007. Tambien, comprendo que si no estoy de acuerdo con el resultado de esta revisión, puedo solicitar una audiencia justa escribiendo al Director de Arizona Department of Health Services.

_____
_____
Firma de participante/representante autorizado   Fecha

_____

Figure 212 - CSF Counseling / Disqualification - Spanish

Section 2 - 4.1.13.4   : WIC Counseling Form

Arizona WIC Program
Program Abuse Warning Form

Participant: _____XXXXXXXXXXXXX, XXXXXXXXXXXXX_____   **I. D. Number**:   999999999 _____

Agency: _____XXXXXXXXXXXXXXXXXXXXXX_____ **Clinic:**   XXXXXXXXXXXXXXXXXXXXX

Date: _MM/DD/YYYY_____   **Warning Number:**   1   2   3
                                                                (Circle only one)

You have violated the following WIC Program rule(s). Three violations of any one rule or a combination of these violations within a 12 month period may result in disqualification from receiving the benefits of the WIC Program. If you have a combination of violations with different periods of disqualifications, you shall be disqualified for the maximum period. Other violations may be written out and attached to this form.

30 calendar days

_____   Drafts made out for more than the stated limit

_____   Drafts used to purchase unauthorized varieties of WIC foods

_____   Cashing drafts before the "Date Of Issue" or after the "Date Valid To"

_____   Failing to countersign drafts at the time of purchase

_____   Redeeming drafts which were reported lost or stolen

_____   Purchasing formula other than that specified on the draft.

45 calendar days

_____   Allowing the drafts or ID folder/transfer card to be used by a person other than the person to whom they were issued

_____   Combining the cost of two (2) or more drafts on one (1) draft.

60 calendar days

_____   Threatening physical abuse of clinic staff, vendor staff, or anyone connected with the WIC Program.

_____   Verbally abusing or harassing clinic staff, vendor staff, or anyone connected with the WIC Program.

75 calendar days

_____   Redeeming drafts at an unauthorized vendor

90 calendar days

_____   Exchanging food purchased with a WIC draft for unauthorized food, non-food items, cash or credit.

I understand the contents of this document. My current violation(s) and/or any further violation of WIC Program rules and regulations can result in disqualification from the WIC Program at this time or at a later date.

This is your _____warning.   **Date signed:** _____

Participant/Authorized Representative Name: _____

Staff Signature: _____

ADHS/WIC-20

Figure 213 - WIC Counseling Form

Section 2 - 4.1.13.5 : WIC Disqualification Form

<div align="center">

Arizona WIC Program
Program Disqualification Form

</div>

Participant:___XXXXXXXX, XXXXXXXXX___ I. D. Number: ___9999999999_____

Authorized Representative (if different):___XXXXXXXXXXX, XXXXXXXXXXXX_____

Agency:_____XXXXXXXXXXXX_____   Clinic:___XXXXXXXXXXXXXXXXX___

I understand that I am being disqualified from the WIC Program from _____
until _____   (The actual disqualification period is preceded by a 15 day
period in which I may file an appeal. Instructions for the appeal process are listed on the back
side of this form.)

If I can find another person to act as the authorized representative for my infant(s) and/or
child(ren), they will be allowed to remain on the program through the disqualification period. I
understand if there is a further incident of program abuse my family will be disqualified from
receiving further benefits for the rest of the suspension period.

Attached are the warning forms which I have signed during the past year and/or the violations
which are listed below or attached which are serious enough to merit disqualification without prior
warning. I have committed or attempted to commit these violations during the last 12 months.

Disqualification without prior warning for a period of **90** calendar days:

_____ Altering a draft to obtain more food (changing the amounts of the
           foods on the draft);

_____ Altering the dates on the draft in order to use a draft that is not valid;

_____ Exchanging a draft for cash, credit or items not authorized for
           purchase;

_____ Selling a draft;

_____ Selling WIC authorized foods purchased with a draft;

_____ Stealing a draft;

_____ Knowingly and deliberately misrepresenting any information or
           circumstances to obtain benefits, e.g., misrepresentation of identity, income,
           residence, family size, health status, pregnancy, or date of birth);

_____ Knowingly and deliberately participating at two (2) WIC clinics, in two (2) WIC
           programs or in WIC and CSFP at the same time; and

_____ Physical abuse of clinic staff, vendor staff or anyone connected with the WIC
           Program

Participant/Authorized Representative

Signature: _____   **Date:** _____

Staff Signature: _____   **Date:** _____

Program Director Signature: _____   **Date:** _____
(The date on which the participant signs this form must be at least 15 days prior to the first day of disqualification. If a food package is
due, a half package may be issued.)
ADHS/WIC5

Figure 214 - WIC Disqualification Form

Section 2 - 4.1.13.6   : WIC Counseling Form - Spanish

<div align="center">

Programa de WIC de Arizona
Aviso de Infracción

</div>

Participante:_XXXXXXXXX, XXXXXX___   **Número de Identificación**: ___999999999_____
Agencia: __XXXXXXXXXXXXXX_ **Clínica:**   __XXXXXXXXXXXXXXXXX_____
Fecha: __MM/DD/YYYY____   **Número de Aviso:**   1   2   3
                                                        (Indique uno solamente)

Usted ha violado la(s) siguiente(s) regla(s) del Programa de WIC. Tres infracciones de cualquier regla o una combinación de infracciones dentro de un período de doce (12) meses puede resultar en suspensión de beneficios del Programa de WIC. Si usted tiene una combinación de infracciones con períodos diferentes de suspensión, usted será suspendido por el período máximo. Otras infracciones se pueden escribir y adjuntar a esta formulario.

Suspensión de 30 Dias
_____ Usar los cheques por más del límite indicado
_____ Usar los cheques para comprar marca (de etiqueta) de comidas no autorizadas
_____ Cobrar los cheques antes de la "Fecha de Emitir" o despúes de la "Fecha Válida"
_____ No firmar el cheque al tiempo de hacer la compras
_____ Cambiar los cheques después los reportarlos perdidos o robados
_____ Comprar marcas (de etiqueta) de formulas no autorizadas

Suspensión de 45 Dias
_____ Permitir a otra persona usar los cheques suyos, el folleto de identificación y/o la tarjeta de traslado
_____ Combinar la suma total de dos (2) o más cheques en un (1) solo cheque

Suspensión de 60 Dias
_____ Amenazar abuso físico al personal de la clínica, personal de la tienda, o cualquier persona asociada con el Programa de WIC
_____ Abusar o acosar verbalmente al personal de la clinica, personal de la tienda, o cualquier persona asociada con el programa de WIC

Suspensión de 75 Dias
_____ Cobrar los cheques en una tienda no autorizada

Suspensión de 90 Dias
_____ Cambiar las comidas compradas con cheques de WIC por comidas no autorizadas, o articulos que no sean comida, dinero en efectivo o crédito

Yo entiendo el contenido de este documento. Las infracciones que he cometido y/o otras infracciones de las reglas del program de WIC pueden resultar en descalificacion del Programa de WIC en este tiempo o un tiempo futuro.

Este es su _____ aviso   Fecha de la firma: _____

Participante/Representante Autorizado:_____

Firma del Personal:_____

Figure 215 - WIC Counseling Form – Spanish

Section 2 - 4.1.13.7 : WIC Disqualification Form – Spanish

<div align="center">

Programa del WIC en Arizona
Forma de Descalificacion del Programa

</div>

Participante:_XXXXXXXXXX, XXXXXXXXX_ Numero de Identificacion: ____999999999_____

Representante Authorizado (seis diferente): ___XXXXXXXXXXX, XXXXXXXXXXXX_____

Agencia: __XXXXXXXXXXXXXXXXXX_____   Clinica: ___XXXXXXXXXXXXXXXXXXX__

Yo entiendo que me estan descalificando del programa de WIC de hoy _____hasta _____ . (El periodo actual de descalificacion es precidido por un periodo de 15 dias en el cual, puedo archiuar una apelacion. Las instrucciones para el proce so de apleacion estan ustadas atras de esta forma.)

Si encuentro, otra persona que actue como el representante autorizado de mi infante y/o de mis nino(s), ellos uan a poder permanecer en el programa por el periodo de mi descalificacion. Yo entiendo que si hay cualiquier otra forma de abuso de parte de mi familia seremos descalificados de recuir beneficios por el resto del periodo de suspension.

Juntos estan las formas de abuso las cuales e firmado en este ano pasado y/o las violaciones las cuales estan listadas abajo o juntas las cuales estan seriamente meritan des descalificacion sin aviso.

Discalificacion sin aviso antes por un periodo de noventa 90 dias:

____ Alterando un cheque para, obtener mas comida (cambiando la cantidad de comida en el cheque)
____ Alterando las fechas en el cheque para usar el cheque no valido;
____ Cambiando un cheque por dinero en efectivo, credito, o articulos no autorisado para comprar.
____ Vendiendo un cheque.
____ Vendiendo, comidas autorizadas compradas con un cheque de WIC.
____ Robando un cheque.
____ Sabiendo y deliberadamente dando information falsa a circunstancias para, reciber beneficios, ejemplo (dando informacion falsa sobre su identidad, ingreso, residencia, cuantas personas en la familia, estado de salud, embarazo, o fecha de nacimiento).
____ Sabiendo y deliberadamente participando en dos clinicas de WIC, en dos programas de WIC y CSFP al mismo, tiempo;.
____ Abuso fisico al personal de la clinica, vendedar o cualquiero persona quetenga que ver con el programa de WIC.

Participante/Representante Autorizado:

_____   Date: _____

Firma del Personal: _____   Date: _____

Program Director: _____   Date: _____

Figure 216 - WIC Disqualification Form - Spanish

Sort Criteria

None

Calculation(s)

None.

Background Process(es)

The Disqualification form can only be generated after the participant's record has been updated to include a Disqualification reason in the Termination Window. The Warning Letter can be generated without a disqualification reason in the participant's record.
Each time a WIC Counseling is produced the system also produces the Adverse Action Appeals form, and each time a Disqualification form is produced the system produces a Disqualification Appeals form. See the Appeal Procedures form for the layout of the Appeals form.
When printing a CSF Counseling or Disqualification form the same form is printed regardless of the 'Form' parameter, the system also generates the CSF Adverse Action Appeals form.

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.14   : Appeal Procedures

Priority: Required

Window: Appeal Procedures Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative: This window provides the ability to print a WIC or CSF Adverse Action or Disqualification Appeals Procedures document in either English or Spanish to be distributed to a participant.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT ORG CODE (ASC)
CATEGORY (ASC)
CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.14.1   : Appeal Procedures Criteria

Figure 217 - Appeal Procedures Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Program - The program to generate the Appeals form for, either WIC or CSF. This field is mandatory.

Form - The name of the form which should be printed, either Adverse Action or Disqualification. This field is mandatory.

Fields (Participant section)

Client Id - The unique identification number to identify a Participant. This field is mandatory.

Last Name - The last name of the Participant. This field is display only.

First Name - The first name of the Participant. This field is display only.

MI1 - The first middle initial of the Participant. This field is display only.

MI2 - The second middle initial of the Participant. This field is display only.

Section 2 - 4.1.14.2 : WIC Adverse Action Appeal Procedures Form

Arizona WIC Program
Appeal Procedures
Adverse Action

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE.** If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Figure 218 - WIC Adverse Action Appeal Procedures Form

Section 2 - 4.1.14.3 : WIC Disqualification Appeal Procedures Form

Arizona WIC Program
Appeal Procedures
Disqualification

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency WIC Director
Administrative Office of the Local WIC Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Figure 219 - WIC Disqualification Appeal Procedures Form

Section 2 - 4.1.14.4   : CSF Adverse Action Appeal Procedures Form

Arizona CSF Program
Appeal Procedures
Adverse Action

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency CSF Director
Administrative Office of the Local CSF Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:
Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten

Figure 220 - CSF Adverse Action Appeal Procedures Form

Section 2 - 4.1.14.5   : CSF Disqualification Appeal Procedures Form

Arizona CSF Program
Appeal Procedures
Disqualification

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:

Local Agency CSF Director
Administrative Office of the Local CSF Agency where you receive benefits
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Figure 221 - CSF Disqualification Appeal Procedures Form

Section 2 - 4.1.14.6   : WIC Adverse Action Appeal Procedures Form - Spanish

Programa de WIC de Arizona
Procedimiento de Apelación
Acción Adversa

Si usted no esta de acuerdo con esta decision y desea apelar, registre una solicitud de apelación por escrito, dentro de sesenta (60) dias de recibir este aviso. En la solicitud Ud. debe incluir todos los datos que Ud. cree ameritan consideración para darle derecho a compensación o reparación, y la compensación que Ud. solicita. Usted puede solicitar una junta para mostrar causa o una audiencia.

La Junta Para Mostrar Causa es una reunión informal entre Ud., el Director de la Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, quien presidirá la junta sobre la acción de la agencia local. Se emite la decision al terminar la junta.

Para solitar la junta para mostrar causa, presente la solicitud al:

Director de su agencia local del WIC
Oficina Local de Administracion de la Agencia de WIC donde Ud. recibe beneficios
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para mostrar causa, usted puede solicitar una *audiencia*. La audiencia tambien se puede solicitar cuando un participante o un representante autorizado no esta de acuerdo con la decisión de la junta para mostrar causa. *La audiencia* es una audiencia administrativa ante un juez de la ley administrativa, y la decisión se emite dentro de cuarenta y cinco (45) dias desde la fecha inicial de la solicitud para una audiencia. Usted tiene sesenta (60) dias, desde la fecha de recibir esta carta para solicitar una audiencia de administración.

En la audiencia, Ud. tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Usted tiene el derecho de traer testigos. El participante tiene el derecho de introducir argumentos, hacer preguntas, o refutar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

Además de la audiencia, de acuerdo con A.R.S. 41-1092.06, Ud. tiene el derecho de solicitar **una conferencia informal de resolución.** Si Ud. solicita una conferencia informal de resolución, la agencia citará la conferencia dentro de quince (15) dias después de haber recibido la solicitud. La solicitud tiene que registrarse, a más tardar, veinte (20) dias antes de la audiencia.

Para solicitar una conferencia informal de resolución, presente la solicitud por escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

Si usted apela, recibirá beneficios del programa durante el proceso de apelación hasta que el oficial de audiencia llegue a una decisión o termine el período de certificación, cualquiera que sucede primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos los programas y actividades sobre la base de raza, color, orígen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, audiocintas, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Figure 222 - WIC Adverse Action Appeal Procedures Form - Spanish

Section 2 - 4.1.14.7   : WIC Disqualification Appeal Procedures Form - Spanish

Programa de WIC de Arizona
Procedimiento de Apelación
Descalificaciòn

Si usted no esta de acuerdo con esta decision y desea apelar, registre una solicitud de apelación por escrito, dentro de quince (15) dias de recibir este aviso. En la solicitud Ud. debe incluir todos los datos que Ud. cree ameritan consideración para darle derecho a compensación o reparación, y la compensación que Ud. solicita. Usted puede solicitar una junta para mostrar causa o una audiencia.

La Junta Para Mostrar Causa es una reunión informal entre Ud., el Director de la Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, quien presidirá la junta sobre la acción de la agencia local. Se emite la decision al terminar la junta.

Para solitar la junta para mostrar causa, presente la solicitud al:

Director de su agencia local del WIC
Oficina Local de Administracion de la Agencia de WIC donde Ud. recibe beneficios
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para mostrar causa, usted puede solicitar una *audiencia*. La audiencia tambien se puede solicitar cuando un participante o un representante autorizado no esta de acuerdo con la decisión de la junta para mostrar causa. *La audiencia* es una audiencia administrativa ante un juez de la ley administrativa, y la decisión se emite dentro de cuarenta y cinco (45) dias desde la fecha inicial de la solicitud para una audiencia. Usted tiene quince (15) dias, desde la fecha de recibir esta carta para solicitar una audiencia de administración.

En la audiencia, Ud. tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Usted tiene el derecho de traer testigos. El participante tiene el derecho de introducir argumentos, hacer preguntas, o refutar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

Además de la audiencia, de acuerdo con A.R.S. 41-1092.06, Ud. tiene el derecho de solicitar una conferencia informal de resolución. Si Ud. solicita una conferencia informal de resolución, la agencia citará la conferencia dentro de quince (15) dias después de haber recibido la solicitud. La solicitud tiene que registrarse, a más tardar, veinte (20) dias antes de la audiencia.

Para solicitar una conferencia informal de resolución, presente la solicitud por escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
WIC Director
1740 W. Adams
Phoenix, AZ 85007

Si usted apela, recibirá beneficios del programa durante el proceso de apelación hasta que el oficial de audiencia llegue a una decisión o termine el período de certificación, cualquiera que sucede primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos los programas y actividades sobre la base de raza, color, origén nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, audiocintas, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Figure 223 - WIC Disqualification Appeal Procedures Form - Spanish

Section 2 - 4.1.14.8 : CSF Adverse Action Appeal Procedures Form - Spanish

Programa de CSF en Arizona
Proceduras de Apelacion

Si usted no esta de acuerdo con esta decision y decea apelar, solicite su apelacion en escritio, entre (sesenta) 60 dias de recibir esta noticia. Su solicitud tiene que incluir los hechos que usted cree le pertenecen para su compensacion, y la compesacioli que usted solicita. Usted puede solicitar una junta para mostrar su causa a una audiencia.

La Junta Para Mostrar Su Causa: Es una junta informal entre usted, El Director de la Agencia Local, El personal de la agencia, local envuelto, y el representante de la agencia, del estrado, que va a precidir acera de la junta, que conceirne, la accion de la agnecia local. La decision se hace al terminar la junta.

Para solitar lajunta que ensenasu causa, presente su solicitud a:

Director de su agencia local del CSF
Oficina Local de Administracion de la Agencia de CSF donde eusted recibe beneficios
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para. mostrar su causa, usted puede solicitar una audiencia. La audiencia tambien puede ser solicitada cuando un participante a un representante autorizado no esta de acuerdo on la desicion por la junta para mostrar su causa. La audiencia es una audiencia de administracion. Frente unjuez de la ley de administracion, y la decision se hace entre cuarenta. y cinco (45) dias siguiendo su solicitud inicial de la audiencia. Tienen quince (15) dias, de la fecita que recibio esta carta para solicitar una audiencia de administracion, y la decision se hace entre cuarenta y cinco (45) dias siguiendo su solicitud. inicial de la audiencia. Tienen quince (15) dias de la fecita que recibio esta carta para solicitar una audiencia.

En la audiencia, usted tiene el derecho de representarce o que lo represente un pariente, amistad un cocillo legal u otro portavoz. Usted tiene el detecho de traer un testigo. El participante tiene el derecho de introducir sus alegaciones, preguntas, o revatir cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma. su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

En adicion a la audiencia, de acuerdo con A.R.S. 41-1092.06, usted tiene el derecho de solicitar **una conferencia informal de solucion.** Si usted solicita una conferencia informal de solucion, la agencia va a tener la conferencia dentro de quince (15) dias despues de haber recuido la solicitud. La solicitud tiene que ser archiuada a mas tardar veinte (20) dias antes de la audiencia.

Para solicitar una conferencia informal de solucion, presente la solicitud en escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

Si usted decea apelar, recibira beneficios del programa durante el proceso de apelacion. Hasta que el oficial de audiencia Ilege a una decision o que se termine el periode de certificacion. Cual quiera que sea primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en ingles) prohibe la discriminacion en todos sus programas y actividades a base de raza, color, origen nacional, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicacion para obtener informacion acerca de los programas (Braille, tipografia agrandada, cintas de audio, etc.)

Figure 224 - CSF Adverse Action Appeal Procedures Form - Spanish

Section 2 - 4.1.14.9 : CSF Disqualification Appeal Procedures Form - Spanish

Programa de CSF en Arizona
Proceduras de Apelacion

Si usted no esta de acuerdo con esta decision y decea apelar, solicite su apelacion en escritio, entre (quince) 15 dias de recibir esta noticia. Su solicitud tiene que incluir los hechos que usted cree le pertenecen para su compensacion, y la compesacioli que usted solicita. Usted puede solicitar una junta para mostrar su causa a una audiencia.

La Junta Para Mostrar Su Causa: Es una junta informal entre usted, El Director de la Agencia Local, El personal de la agencia, local envuelto, y el representante de la agencia, del estrado, que va a precidir acera de la junta, que conceirne, la accion de la agnecia local. La decision se hace al terminar la junta.

Para solitar lajunta que ensenasu causa, presente su solicitud a:

Director de su agencia local del CSF
Oficina Local de Administracion de la Agencia de CSF donde eusted recibe beneficios
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para. mostrar su causa, usted puede solicitar una audiencia. La audiencia tambien puede ser solicitada cuando un participante a un representante autorizado no esta de acuerdo on la desicion por la junta para mostrar su causa. La audiencia es una audiencia de administracion. Frente unjuez de la ley de administracion, y la decision se hace entre cuarenta. y cinco (45) dias siguiendo su solicitud inicial de la audiencia. Tienen quince (15) dias, de la fecita que recibio esta carta para solicitar una audiencia de administracion, y la decision se hace entre cuarenta y cinco (45) dias siguiendo su solicitud. inicial de la audiencia. Tienen quince (15) dias de la fecita que recibio esta carta para solicitar una. audiencia.

En la audiencia, usted tiene el derecho de representarce o que lo represente un pariente, amistad un cocillo legal u otro portavoz. Usted tiene el detecho de traer un testigo. El participante tiene el derecho de introducir sus alegaciones, preguntas, o revatir cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma. su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services
Office of the Director
1740 W. Adams, Room 407
Phoenix, AZ 85007

En adicion a la audiencia, de acuerdo con A.R.S. 41-1092.06, usted tiene el derecho de solicitar **una conferencia informal de solucion.** Si usted solicita una conferencia informal de solucion, la agencia va a tener la conferencia dentro de quince (15) dias despues de haber recuido la solicitud. La solicitud tiene que ser archiuada a mas tardar veinte (20) dias antes de la audiencia.

Para solicitar una conferencia informal de solucion, presente la solicitud en escrito a:

Arizona Department of Health Services
Office of Nutrition Services - Room 203
CSF Director
1740 W. Adams
Phoenix, AZ 85007

Si usted decea apelar, recibira beneficios del programa durante el proceso de apelacion. Hasta que el oficial de audiencia Ilege a una decision o que se termine el periode de certificacion. Cual quiera que sea primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en ingles) prohibe la discriminacion en todos sus programas y actividades a base de raza, color, origen nacional, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personas con impedimentos que requieran medios

Figure 225 - CSF Disqualification Appeal Procedures Form - Spanish

Sort Criteria

None.

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

Section 2 - 4.1.15   : Income Declaration

Priority: Required

Window: Income Declaration Criteria

Report: Yes

FSRD Reference: EP9.1

Narrative: This window provides the ability to capture unsubstantiated self-declared income data.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT ORG CODE (ASC)
  CATEGORY (ASC)
  CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.1.15.1   : Income Declaration Criteria

Figure 226 - Income Declaration Criteria

Fields

Language - The language the notice should be printed in, either English or Spanish. This field is mandatory.

Fields (Participant section)

Id - The unique identification number to identify a Participant. This field is mandatory.
Last Name - The last name of the Participant. This field is display only.
First Name - The first name of the Participant. This field is display only.
MI1 - The first middle initial of the Participant. This field is display only.
MI2 - The second middle initial of the Participant. This field is display only.

Section 2 - 4.1.15.2 : Income Declaration Form

ARIZONA WIC PROGRAM

Applicant(s):_____**ID Number:**_____

No Proof of Income Form

,   **FOR APPLICANTS or AUTHORIZED REPRESENTATIVES WITH**

INADEQUATE INCOME DOCUMENTATION:

I declare my total gross household income is $_____ per (circle one) week/
every other week/twice a month/month/year.

Reason for inadequate documentation:_____

_____

,   **FOR APPLICANTS WITH PENDING TANF APPROVAL or
PREGNANT AND INFANT APPLICANTS PENDING AHCCCS
APPROVAL:**

I declare that I have applied for _____assistance program and I am awaiting
approval.

,   **FOR APPLICANTS WITH ZERO INCOME:**

I declare my total gross household income is **ZERO.**

I am getting food from:_____

I am getting housing from:_____

I am verifying that the information I am
providing above is correct. I understand thaat
intentional misrepresentation may result in
paying the state agency, in cash, the value of
the food benefits improperly received.

Authorized Representative Signature:_____**Date:**_____

Figure 227 - Income Declaration Form

Section 2 - 4.1.15.3   : Income Declaration Form - Spanish

<div align="center">

Programa de WIC
Falta de Comprobante de Ingresos

</div>

Solicitante(s):_XXXXXX, XXXXXXX_____ Número de identificación:__999999999___

♦ **Solicitantes o representantes autorizados sin la documentación adecuada de i**

Afirmo que el importe total de ingresos de todos los miembros de la casa es de \$_____ por
(indique uno) semana, cada dos semanas, bimensuales, mensuales, anuales.

Indique la razón por la falta de documentación:
_____
_____
_____
_____
_____

♦   **Solicitantes tramitando y en vias de recibir ayuda de TANF o mujeres emb**
infantes tramitando y en vias de recibir ayuda de AHCCCS
(con solicitudes pendientes).

Afirmo que he solicitado ayuda del programa _____ y estoy esperando la decisión y apro
mismo programa.

♦   **Solicitantes sin ningún ingreso:**

Afirmo que el importe total de ingresos de todos los miembros de la casa es **cero**.
Estoy recibiendo la comida de parte de_____
Estoy recibiendo albergue (casa) de parte de _____

Declaro que la información que he indicado arriba es verídica. Entiendo que los informes malintencionados, malversados y
fraudulentos pueden resultar en el reembolso, con dinero efectivo, el valor de los beneficios alimenticios recibidos
impropiamente. Si los ingresos en mi casa cambian dentro del período de certificación lo informaré a la agencia local de WIC.

Solicitante/Representante Autorizado_____ fecha _____

Personal de WIC _____ fecha _____

Figure 228 - Income Declaration Form - Spanish

Sort Criteria

None.

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

Enrollment and Certification

[CO 34]

Section 2 - 4.1.16   *: Proof of Residency/ID*

Priority: *Required*

Window: *Proof of Residency/ID Criteria*

Report: *Yes*

FSRD Reference: *EP9.1*

Narrative: *This window provides the ability to capture unsubstantiated proof of address and Identification data.*

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT ORG CODE (ASC)
  CATEGORY (ASC)
  CLIENT APPLICATION DATE (ASC)

Data Current As Of: *Run Time*

Frequency: *On Demand*

Role(s): *Enrollment and Certification*

Section 2 - 4.1.16.1   : Proof of Residency/ID Criteria

Fields

Language - *The language the notice should be printed in, either English or Spanish. This field is mandatory.*

Fields (Participant section)

Id - *The unique identification number to identify a Participant. This field is mandatory.*
Last Name - *The last name of the Participant. This field is display only.*
First Name - *The first name of the Participant. This field is display only.*
MI1 *- The first middle initial of the Participant. This field is display only.*
MI2 *- The second middle initial of the Participant. This field is display only.*

Section 2 - 4.1.16.2   *: Proof of Residency/ID Form*

ARIZONA WIC PROGRAM

Applicant(s):_XXXXXXXXXXX, XXXXXXXXXXX___ID Number:_999999999__

No Proof of Residency/Identification Form

The Arizona WIC Program requires each applicant to show proof of identification and residence to be put on the WIC Program.

1. Completion of this form is for: Residence/Address
Identification

2. Reason for No
Proof:_____

_____

_____

_____

I am verifying that the information I am providing above is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

Figure 229 - Proof of Residency/Id Form

Figure 230 - Proof of Residency/ID Form

Section 2 - 4.1.16.3 **:** Proof of Residency/ID Form - Spanish

Programa de WIC de Arizona

Solicitante(s):_XXXXXXXXX, XXXXXXXX_ Número de identificación:_9999999999_

Falta de Comprobante de Domicilio y/o Identificación

El programa estatal de WIC exige que cada solicitante tenga un comprobante de identificación y residencia para participar en el programa de WIC.

1. Indique la razón de este formulario: Domicilio   Identificación

2. Indique la razón por la falta de documentación:

_____
_____
_____

Afirmación

Declaro que la información que he indicado arriba es verídica. Entiendo que los informes malintencionados, malversados y fraudulentos pueden resultar en el reembolso, con dinero efectivo, el valor de los beneficios alimenticios recibidos impropiamente. Si los ingresos en mi casa cambian dentro del período de certificación, lo informaré a la agencia local de WIC.

Solicitante/Representante Autorizado _____fecha _____

Personal de WIC _____ fecha _____

Figure 231 - Proof of Residency/ID Form – Spanish

Sort Criteria

None.

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

[END CO 34]

Enrollment and Certification

Section 2 - 4.2   : Labels

Section 2 - 4.2.1   : Mailing Labels

Priority: Required

Window: Mailing Labels

Report: Yes

FSRD Reference: EP9.2

Narrative:

This function allows the user to select what groups of labels should be produced. The ability to produce a tailored label is also provided. All labels are produced at one label per family unit. Labels can be requested by clinic, Part. Id, category, or zip code.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.2.1.1   : Mailing Labels Criteria

Figure 232 - Mailing Labels Criteria

Fields (Participant section)

Choose A Label Stock - Offers a choice of Avery printer labels: 5160 – HP 3x10 and 5163 HP 2x5.

Clinic - The organization unit that serves as the local clinic for the applicant. Clicking on the list of values button allows the user to select a clinic code. The description of the clinic will automatically display. AIM will print a mailing label for all family authorized representatives in the chosen clinic. This field is optional.

Client - The unique identification number to identify a Participant. AIM will print a mailing label to the authorized representative of the chosen client. This field is optional.

Category - The category of Participant (Breastfeeding, Postpartum, Pregnant, Infants, or Children). AIM will print a mailing label to all authorized representatives of all the clients in the selected category. This field is optional.

Zip Code - The 5-digit zip code. AIM will print a mailing label to the authorized representative of all clients with the selected zip code. This field is optional.

Override Mailing Confidentiality - A Yes/No field indicating whether a Participant that requested no mail should receive it. This field is mandatory and defaults to 'No'.

Fields (Tailored section)

Name - A user specified name for tailored labels.
Address - A user specified address (line 1) for tailored labels.
Address - A user specified address (line 2) for tailored labels.
City - A user specified city for tailored labels.
State - A user specified state for tailored labels.
Zip - A user specified zip for tailored labels.

Agency/Clinic – Offers the user the option to print mailing labels for any selected clinic within the agency.
Number of Copies - The user must specify the number of mailing labels to generate. This field works for the Agency/Clinic Return Address Labels parameter only.

Button(s)

Print Labels - Generates the mailing labels.
Choose Label to Start At – User is given the option of choosing which label position to begin with. Selecting '1' prints from the first label in the sheet to the last.

Sort Criteria

Family ID
Authorized Representative Last Name
Authorized Representative First Name

Calculation(s)

None.

Background Process(es)

None.

Enrollment and Certification

Section 2 - 4.3 : Reports

Section 2 - 4.3.1   : Breastfeeding by Sociodemographics

Priority: Required

Window: Breastfeeding by Sociodemographics

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a listing of various sociodemographic variables and identifies the corresponding number and percent of breastfed Infant Participants broken down by the number of weeks they were breastfed during a specified period of time.

Sort Criteria (Major to Minor): ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.1.1 **:** Breastfeeding by Sociodemographics Criteria

Figure 233 - Breastfeeding by Sociodemographics Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. If State is selected the report generates a Statewide summary, the 'Local Agency' heading changes to 'State Agency' and the 'Clinic' heading is not displayed. If 'Local Agency' is selected the report generates a Local Agency summary, the 'Clinic' heading is followed by the text 'ALL'. This field is required.
Date Range From/Thru - The date range of visits the report will be run for. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.1.2   : Breastfeeding by Sociodemographics Report

Report Name: XXXXXXXX   **Arizona WIC Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   **Breastfeeding By Sociodemographics**

Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XXXXXXXXXXXXXX   Clinic: XXXXXXXXXXXXXXXXX

Sociodemographic Variable	*** Ever BF	* 1-2 mo 1-3 wks 4-12 wks	* 3-5 mo 13-25 wks	* BF >= 6 mo	** 6-11 mo 26-51 wks	** 12 mo 52 wks	** BF≥12 mo
	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct

The header spans "Breastfeeding Duration".

Sociodemographic Variable	Ever BF (Qty Pct)	1-3 wks / 4-12 wks (Qty Pct)	3-5 mo / 13-25 wks (Qty Pct)	BF >= 6 mo (Qty Pct)	6-11 mo / 26-51 wks (Qty Pct)	12 mo / 52 wks (Qty Pct)	BF≥12 mo (Qty Pct)
Income (% Poverty)							
XXXXXXXX	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Total:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Education (Grade Completed)							
Marital Status							
Trimester of Enrollment							
Live Births							
Infant Gestational Age							
Age of Mother at Delivery							
Ethnic Groups							

*   Infants 6-8 mo. of Age
**   Infants 12-15 mo. of Age
***   All Infants

Figure 234 - Breastfeeding by Sociodemographics Report

Calculations

Qty (Ever BF) - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by socio. variable.

Pct (Ever BF) - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by socio. variable. (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

Qty (1-3 wks, 4-12 wks,13-25 wks) - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by socio. variable.

Pct (1-3 wks, 4-12 wks,13-25 wks) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by socio. variable. (Qty (1-3 wks, 4-12 wks,13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

Qty (BF>= 6 mo) - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age of age during the date range that breastfed for at least six months(including those still BFing) by socio. variable.

Pct (BF>= 6 mo) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by socio. variable. (Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

Qty (26-51 wks, 52 wks) - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by socio. variable.

Pct (26-51 wks, 52 wks) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by socio. variable. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

Qty (BF>= 12 mo) - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by socio. variable.

Pct (BF>= 12 mo) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by socio. variable. (Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

Totals
Qty - Column total
PCT - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

The duration for those that are still breastfeeding - (Last Health history date - Date of Birth).
The duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

Background Processes

Note: There may be participants that are still breastfeeding that are counted in the BF >= 6 mo and also counted in the BF >= 12 mo. There may also be participants that quit breastfeeding that

are counted in the BF >= 6mo and BF >= 12 mo and also counted in the 26 - 51 wks and 52 wks columns.

Enrollment and Certification

Section 2 - 4.3.2   **:** Pregnant/Postpartum by Sociodemographics

Priority: Required

Window: Pregnant/Postpartum by Sociodemographics

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a listing of various sociodemographic variables and identifies the corresponding number of Pregnant/Postpartum Participants.

Sort Criteria (Major to Minor): ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.2.1   : Pregnant/Postpartum by Sociodemographics Criteria

Figure 235 - Pregnant/Postpartum by Sociodemographics Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is preview.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The organization level the report will be run at. The available options are: Local Agency/Clinic, Local Agency, State.
- If 'Local Agency/Clinic' is selected the report generates a Local Agency report broken out by each clinic in the agency. The 'Clinic' heading displays the number and name of the clinic.
- If 'Local Agency' is selected the report generates a Local Agency summary, the 'Clinic' heading is not displayed.
- If State is selected the report generates a Statewide summary, the 'Local Agency' heading changes to 'State Agency' and the 'Clinic' heading is not displayed. This option is only available via AIM's State login.
Reporting Month - The month for which the report is generated. Tab to the next field to enter the reporting year.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.2.2   : Pregnant/Postpartum by Sociodemographics Report

Report Date: MM/DD/YYYY   **Page: ZZZ**
Report #

Arizona WIC Program
Pregnant/Postpartum by Sociodemograhic
Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

	Pregnant Age								Postpartum Age							
Sociodemographic Variable	**<15**		**15 - 17**		**>17**		**Total**		**<15**		**15 - 17**		**>17**		**Total**	
	Qty	**Pct**	**Qty**	**Pct**	**Qty**	**Pct**	**Qty**	**Pct**	**Qty**	**Pct**	**Qty**	**Pct**	**Qty**	**Pct**	**Qty**	**Pct**
Income (% Poverty)																
< or = 100	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
101 - 150	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
151 - 185	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
Total:	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
Education (Grade Completed)																
<9	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
10 - 11	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
12	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
13 +	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
Total:	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
Trimester of Enrollment																
0-13 Weeks	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
14-26 Weeks	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
27-40 + Weeks	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
Postpartum	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
Total:	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
Live Births																
0	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
1	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
2	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
3 +	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
Total:	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	
Infant Gestational Age																
> 37 Weeks	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
< or = 37 Weeks	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	9	ZZ,ZZ9%	9	ZZ,ZZ9%
Total:	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ9	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%	ZZ,ZZ	ZZ,ZZ9%
	9				9		9		9				9		9	
	ZZ,ZZ				ZZ,ZZ		ZZ,ZZ		ZZ,ZZ				ZZ,ZZ		ZZ,ZZ	
	9				9		9		9				9		9	

Figure 236 - Pregnant/Postpartum by Sociodemographics Report

Calculations

Qty (pregnant) - The number of pregnant participants with active WIC certifications (CSF certifications are disregarded) during the date range and in the age group by sociodemographic variable.
Pct (pregnant) - The percentage of pregnant participants with active WIC certifications during the date range and in the age group by sociodemographic variable. (Number of pregnant participants with active WIC certifications in the age group during the date range / Number of pregnant participants of the column age with active WIC certifications during the date range)
Qty (postpartum) - The number of postpartum participants with active WIC certifications (CSF certifications are disregarded) during the date range and in the age group by sociodemographic variable.
Pct (postpartum) - The percentage of postpartum participants with active WIC certifications during the date range and in the age group by sociodemographic variable. (Number of postpartum participants with active WIC certifications in the age group during the date range / Number of postpartum participants of the column age with active WIC certifications during the date range)
# of WIC pregnancies - The sum of WIC pregnancies.

Background Processes

Depending on the Report Level selected the 'Local Agency' and 'Clinic' fields at the top of the report change. If State is selected the Clinic field is not displayed and the 'Local Agency' label changes to 'State Agency'. If 'Local Agency' is selected the Clinic field is not displayed. The report layout displayed is for the Local Agency/Clinic report level.

Enrollment and Certification

Section 2 - 4.3.3   **:** Breastfeeding Duration (Postpartum Support)

Priority: Required

Window: Breastfeeding Duration (Postpartum Support)

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative:

This Window provides information on duration of breastfeeding broken down by type of postpartum support contact method.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    CONTACT METHOD (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.3.1   : Breastfeeding Duration - Postpartum Support Criteria

Figure 237 - Breastfeeding Duration - Postpartum Support Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. This field is required.
Date Range From/Thru - The date range the report will be run for. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.3.2   : Breastfeeding Duration - Postpartum Support Report

Local Agency: XXXXXXXXXXXXXX   Clinic: XXXXXXXXXXXXXXXXXX

Prevalent Contact Method	Duration in Weeks							
	*** Ever BF Qty Pct	* 1-3 wks Qty Pct	* 1-2 mo 4-12 wks Qty Pct	* 3-5 mo 13-25 wks Qty Pct	* BF≥6 mo Qty Pct	** 6-11 mo 26-51 wks Qty Pct	** 12 mo 52 wks Qty Pct	** BF≥12 mo Qty Pct
XXXXXXXXXX	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Clinic Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Local Agency Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
State Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Promotional Items XXXXXXXXXX	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Clinic Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Local Agency Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%

*   Infants 6-8 mo. of Age
**   Infants 12-15 mo. of Age
***   All Infants

Figure 238 - Breastfeeding Duration - Postpartum Support Report

Calculation(s)

Prevalent Contact Method

Qty (Ever BF) - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by contact method.

Pct (Ever BF) - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by contact method (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

Qty (1-3 wks, 4-12 wks,13-25 wks) - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by contact method.

Pct (1-3 wks, 4-12 wks,13-25 wks) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by contact method. (Qty (1-3 wks, 4-12 wks,13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

Qty (BF>= 6 mo) - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age of age during the date range that breastfed for at least six months(including those still BFing) by contact method.

Pct (BF>= 6 mo) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by contact method. (Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

Qty (26-51 wks, 52 wks) - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by contact method.

Pct (26-51 wks, 52 wks) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by contact method. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

Qty (BF>= 12 mo) - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by contact method.

Pct (BF>= 12 mo) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by contact method. (Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

Qty(Totals) - Column total

PCT(Totals) - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

Promotional Items

Qty (Ever BF) - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by promotional item.

Pct (Ever BF) - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by promotional item (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

Qty (1-3 wks, 4-12 wks,13-25 wks) - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by promotional item.

Pct (1-3 wks, 4-12 wks,13-25 wks) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by promotional item. (Qty (1-3 wks, 4-12 wks,13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

Qty (BF>= 6 mo) - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age of age during the date range that breastfed for at least six months(including those still BFing) by promotional item.

Pct (BF>= 6 mo) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by promotional item. (Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

Qty (26-51 wks, 52 wks) - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by promotional item.

Pct (26-51 wks, 52 wks) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by promotional item. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

Qty (BF>= 12 mo) - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by promotional item.

Pct (BF>= 12 mo) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by promotional item. (Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

Qty(Totals) - Column total

PCT(**Totals**) - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

Duration calculations

To compute the duration for those that are still breastfeeding - (Last Health history date - Date of Birth).

To compute the duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

Background Process(es)

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

Note: There may be participants that are still breastfeeding that are counted in the BF >= 6 mo and also counted in the BF >= 12 mo. There may also be participants that quit breastfeeding that are counted in the BF >= 6mo and BF >= 12 mo and also counted in the 26 - 51 wks and 52 wks columns.

Enrollment and Certification

Section 2 - 4.3.4 **:** Number of Breastfeeding Contacts by Contact Method

Priority: Required

Window: Number of Breastfeeding Contacts by Contact Method Criteria

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary of the number of contacts with breastfeeding women broken down by contact method.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
CONTACT METHOD (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.4.1   : Number of Breastfeeding Contacts by Contact Method Criteria

Figure 239 - Number of Breastfeeding Contacts by Contact Method Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. This field is required.
Date Range From/Thru - The date range of visits the report will be run for. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.4.2   **:** Number of Breastfeeding Contacts by Contact Method Report

Report Name: XXXXXXXX	**Arizona WIC Program**	Page: ZZZ9

<div align="center">

Report Date: MM/DD/YYYY **Number of Breastfeeding Contacts by Contact Method**

Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY

(Report Level)

</div>

Local Agency: XXXXXXXXXXXXXX   Clinic: XXXXXXXXXXXXXX

<div align="center">

Contacts During Breastfeeding

</div>

Contact Method	1-2	3-5	6-10	11-15	16 +	Total
XXXXXXXXXXXXXXXXXX	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9
Clinic Totals:	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9
Local Agency Totals:	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9
State Totals:	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9

Figure 240 - Number of Breastfeeding Contacts by Contact Method Report

Calculations

Count - The number of breastfeeding contacts for each contact method.
Totals - Totals by clinic, local agency or state depending on the Report Level selected.

Background Processes

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

Enrollment and Certification

Section 2 - 4.3.5 **:** Duration of Breastfeeding

Priority: Required

Window: Duration of Breastfeeding

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report showing the number and percentage of WIC infant breastfeeding Participants who maintained a level of breastfeeding for an associated number of weeks.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    BF PATTERN (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.5.1   : Duration of Breastfeeding Criteria

Figure 241 - Duration of Breastfeeding Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - Drop down list showing level of printing (Local Agency/Clinic, Local Agency, State). This field is required.

Date Range From\Thru - The date range the report will be run for. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.5.2   : Duration of Breastfeeding Report

Report Name: XXXXXXXX   **Arizona WIC Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   **Duration of Breastfeeding**
                                                   Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                                    (Report Level)

Local Agency: XXXXXXXXXXXXXX   Clinic: XXXXXXXXXXXXXXXXXX

Number of Times Breastfed Daily	Duration in Weeks							
	*** Ever BF Qty Pct	* 1-3 wks Qty Pct	* 1-2 mo 4-12 wks Qty Pct	* 3-5 mo 13-25 wks Qty Pct	* BF≥6 mo Qty Pct	** 6-11 mo 26-51 wks Qty Pct	** 12 mo 52 wks Qty Pct	** BF≥12 mo Qty Pct
5 or Less	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
6-7	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
8 or more	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Clinic Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Local Agency Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
State Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%

*   Infants 6-8 mo. of Age
**   Infants 12-15 mo. of Age
***   All Infants

Figure 242 - Duration of Breastfeeding Report

Calculations

The most recent health history record is used to determine the weeks stopped breastfeeding.

Qty (Ever BF) - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by the number of times breastfed.

Pct (Ever BF) - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by the number of times breastfed (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

Qty (1-3 wks, 4-12 wks,13-25 wks) - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the number of times breastfed.

Pct (1-3 wks, 4-12 wks,13-25 wks) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by the number of times breastfed. (Qty (1-3 wks, 4-12 wks,13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

Qty (BF>= 6 mo) - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age of age during the date range that breastfed for at least six months(including those still BFing) by the number of times breastfed.

Pct (BF>= 6 mo) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by the number of times breastfed. (Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

Qty (26-51 wks, 52 wks) - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the number of times breastfed.

Pct (26-51 wks, 52 wks) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by the number of times breastfed. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

Qty (BF>= 12 mo) - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by the number of times breastfed.

Pct (BF>= 12 mo) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by the number of times breastfed. (Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

Qty(Totals) - Column total

PCT(**Totals**) - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

Duration calculations

To compute the duration for those that are still breastfeeding - (Last Health history date - Date of Birth).
To compute the duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

Background Process(es)

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.
Note: There may be participants that are still breastfeeding that are counted in the BF >= 6 mo and also counted in the BF >= 12 mo. There may also be participants that quit breastfeeding that are counted in the BF >= 6mo and BF >= 12 mo and also counted in the 26 - 51 wks and 52 wks columns.

Enrollment and Certification

Section 2 - 4.3.6   **:** Reasons Stopped Breastfeeding

Priority: Required

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window provides information on reasons why participants stopped breastfeeding.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
REASON BF ENDED (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.6.1   : Reasons Stopped Breastfeeding Criteria

Figure 243 - Reasons Stopped Breastfeeding Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - Drop down list showing level of printing (Local Agency/Clinic, Local Agency, State). This field is required.

Date Range From/Thru - The date range the report will be run for. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.6.2   **:** Reasons Stopped Breastfeeding Report

Report Name: XXXXXXXX   **Arizona WIC Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   **Reasons Stopped Breastfeeding**
                                            Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                           (Report Level)

Local Agency: XXXXXXXXXXXXXX   Clinic: XXXXXXXXXXXXXXXXXX

Duration in Weeks

Reasons Stopped	*** Ever BF	* 1-3 wks	* 1-2 mo 4-12 wks	* 3-5 mo 13-25 wks	* BF≥6 mo	** 6-11 mo 26-51 wks	** 12 mo 52 wks	** BF≥12 mo
	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct
XXXXXXXXXX	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Clinic Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Local Agency Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
State Totals:	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%

*   Infants 6-8 mo. of Age
**   Infants 12-15 mo. of Age
***   All Infants

Figure 244 - Reasons Stopped Breastfeeding Report

Calculations

Qty (Ever BF) - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by the reason stopped.

Pct (Ever BF) - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by the reason stopped (Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

Qty (1-3 wks, 4-12 wks,13-25 wks) - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the reason stopped.

Pct (1-3 wks, 4-12 wks,13-25 wks) - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by the reason stopped. (Qty (1-3 wks, 4-12 wks,13-25 wks) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

Qty (26-51 wks, 52 wks) - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the reason stopped.

Pct (26-51 wks, 52 wks) - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by the reason stopped. (Qty (26-51 wks, 52 wks) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

Qty(Totals) - Column total
PCT(Totals) - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

The duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

Background Processes

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

Enrollment and Certification

Section 2 - 4.3.7   : Nutrition Education Monitoring

Priority: Required

Window: Nutrition Education Monitoring Criteria

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a report of nutrition education scheduled and provided during a specified time frame.

Sort Criteria (Major to Minor):

ORGANIZATIONAL UNIT CODE (ASC)
CLIENT NUTR ED DATE (ASC)
NUTR ED TOPIC (ASC)
CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.7.1 **:** Nutrition Education Monitoring Criteria

Figure 245 - Nutrition Education Monitoring Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Dates From/Thru - The dates of nutrition education provided to be queried on. This field is required.

Report Level - Drop down list showing level of printing (State, Local Agency, Local Agency/Clinic, State/Local Agency). This field is required.

Report Style - Drop down list showing detail of printing (Summary and Detail or Summary Only). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.7.2   **:** Nutrition Education Monitoring Report

Report Date: MM/DD/YYYY   Report No. CR2201
Report Name: CR_NUTR_ED_PROVIDED   Page: ZZZ9

Arizona WIC Program
Nutrition Education Monitoring
Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)
(Report Style)

Local Agency: XX XXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXX

Appointment Date: MM/DD/YYYY

Nutrition Education Topic	Total Attendees	Total Missed
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9

Client ID	Name	Attendance Status
XXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX

Nutrition Education Topic	Total Attendees	Total Missed
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9

Client ID	Name	Attendance Status
XXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX

Figure 246 - Nutrition Education Monitoring Report

Section 2 - 4.3.7.3   **:** Nutrition Education Monitoring Summary Report

Report Date: MM/DD/YYYY   Report No. CR2202
Report Name: CR_NUTR_ED_PROVIDED   Page: ZZZ9

Arizona WIC Program
Nutrition Education Monitoring
Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
Summary

State Agency: XX XXXXXXXXXXXXXXX

Appointment Date: MM/DD/YYYY

Nutrition Education Topic	Total Attendees	Total Missed
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9
Totals:	ZZZ,ZZ9	ZZZ,ZZ9

Figure 247 - Nutrition Education Monitoring Summary Report

Calculations

Total attendees by topic by date by clinic.
Total missed by topic by date by clinic.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.8 **:** Second Nutrition Education Contact

Priority: Required

Window: Second Nutrition Education Contact Criteria

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a report of second nutrition education scheduled and provided during a specified time frame.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)
  CATEGORY ID (ASC)
  CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.8.1   : Second Nutrition Education Contact Criteria

Figure 248 - Second Nutrition Education Contact Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
From Date/Thru - The date range that the report will select records on. This field is required.
Report Level - The level of reporting that will be produced. Choices are LA/Clinic Detail, State/LA Detail, State Summary, and LA Summary. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.8.2   **:** Second Nutrition Education Contact Report

Report Name: CR_SCNDRY_NUTR_ED   Report # CR2203
Report Date: MM/DD/YYYY   Page: ZZZ9

<div align="center">

Arizona WIC Program
Secondary Nutrition Education Contact
(Report Level)
From Date: MM/DD/YYYY Thru: MM/DD/YYYY

</div>

Local Agency: XX   XXXXXXXXXXXXXX   Clinic: XX   XXXXXXXXXXXXX

Category: XXX   XXXXXXXXXXXXX

| | | | | | Attendance |
Client ID	Name		Service	Topic	Status
XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXX
XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXX

Category: XXX Totals

Certifications: ZZ,ZZ9   Second NE Contacts: ZZ,ZZ9   Ratio: ZZ9.99

Figure 249 - Second Nutrition Education Contact Report

Section 2 - 4.3.8.3   : Second Nutrition Education Contact Summary Report

Report Name: CR_SCNDRY_NUTR_ED   Report # CR2203
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Secondary Nutrition Education Contact
Summary
From Date: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX   XXXXXXXXXXXXXXX

Clinic: XX   XXXXXXXXXXXXX

| | | Secondary | |
Category	Certifications	NE Contacts	Ratio
XXXXXXXX	ZZZZ	ZZZZ	ZZ.99
XXXXXXXX	ZZZZ	ZZZZ	ZZ.99
Clinic Totals:	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99

Figure 250 - Second Nutrition Education Contact Summary Report

Calculations

Certifications - Total certifications by category.
Secondary NE Contacts - Total attendees by category.
Ratio - The ratio of second NE contacts to certifications.

Clinic Totals:
Certifications - Total certifications by clinic.
Secondary NE Contacts - Total attendees by clinic.
Ratio - The ratio of second NE contacts to certifications.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.9   **:** Income Documentation

Priority: Required

Window: Income Documentation

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a report of the number of WIC Participants using each method of documenting income. Each individual documenting method is counted and there is mixing of incomes verified by different methods.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    INCOME VERIFICATION DESCRIPTION (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.9.1   : Income Documentation Criteria

Figure 251 - Income Documentation Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State, and Local Agency. If State or Local Agency is selected the Summary report is produced.This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.9.2   : Income Documentation Report

Report Name: CR_INCOME_VERIFCTN   Report #CR2301
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
WIC Income Documentation
(Report Level)

Local Agency: XX XXXXXXXXXXXX   Clinic: XX XXXXXX

Income Documentation Type	Family Size								Total	Avg. Amount	Avg. Monthly Income
	1	2	3	4	5	6	7	8+			
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Income Documentation Type Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Adjunctive Eligibility Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Clinic Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Local Agency:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99

Figure 252 - Income Documentation Report

Section 2 - 4.3.9.3   **:** Income Documentation Summary Report

Report Date: MM/DD/YYYY   Page: ZZZ9

Report #

Arizona WIC Program
WIC Income Documentation
Summary

(State or Local) Agency: XX XXXXXXXXXXXX

| Income Documentation Type | Family Size | | | | | | | | Total | Avg. Amount | Avg. Monthly Income |
	1	2	3	4	5	6	7	8+			
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Income Documentation Type Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Adjunctive Eligibility Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Clinic Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99
Agency Total:	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9.99	ZZ,ZZ9.99

Figure 253 - Income Documentation Summary Report

Calculations

Count of enrollees by income verification method by family size by clinic and local agency.
Average amount of income by income verification method by clinic and local agency.
Average monthly income by income verification method by clinic and local agency.
Count of enrollees by family size by clinic and local agency.
Average monthly income by method by clinic and local agency.
Average adjunctively eligible income by family size by clinic and local agency.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.10   : Food Packages by Category

Priority: Required

Window: Food Packages by Category

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a listing of food packages by category.

Sort Criteria (Major to Minor):

    ORGANIZATIONAL UNIT CODE (ASC)
    FOOD PACKAGE ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.10.1   : Food Packages by Category Criteria

Figure 254 - Food Packages by Category Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Food Package Effective Dates From/Thru - The food package prescription date range that the report will select records on. This field is required.

Report Level - The level of reporting that will be produced. Choices are Local Agency or State. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.10.2   : Food Packages by Category Report

Report Name: CR_FOOD_PATTERN_CAT   Report # CR2301
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Food Packages By Category
Effective Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXX

Package ID	Std/Custom	Pregnant < 18	Pregnant $18	Breastfeeding	Postpartum	Partial Nursing	Infant Formula Fed	Infant Partial Formula	Infant Breastfed	Children Age 1	Children Age 2	Children Age 3	Children Age 4	Total
XXXX	XXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
XXXX	XXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
XXXX	XXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
Local Agency: XX		ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9

Figure 255 - Food Packages by Category Report

Section 2 - 4.3.10.3   : Food Packages by Category Summary Report

Report Name: CR_FOOD_PATTERN_CAT   Report # CR2302
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Food Packages By Category
Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
Summary

State Agency: XX XXXXXXXXXXXXXX

Package ID	Std/Custom	Pregnant <18	Pregnant $18	Breastfeeding	Postpartum	Partial Nursing	Infant Formula Fed	Infant Partial Formula	Infant Breastfed	Children Age 1	Children Age 2	Children Age 3	Children Age 4	Total
XXXX	XXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
XXXX	XXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
XXXX	XXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9

State Agency: XX   ZZ,ZZ9 ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9   ZZ,ZZ9

Figure 256 - Food Packages by Category Summary Report

Calculations

Category Counts = Count of participants by category and package ID
Row Totals = Count of participants across all categories by package ID.

Local Agency Column Totals = Sum(Category column)
State Agency Column Totals = Sum(Category column)

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.11   **:** Formula Usage

Priority: Required

Window: Formula Usage Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window provides information on a statewide basis regarding the issuance of different formula types
(regular infant formulas and / or "special" formulas). The report is used to monitor adherence to state
policy regarding formula issuance, to detail expenditures for formula type, and / or to alert
management of participants received certain formula types in the event of a formula recall.

Sort Criteria (Major to Minor):
    CATEGORY ID (ASC)ORGANIZATIONAL UNIT CODE (ASC)
    FOOD ID (ASC)
    FOOD ID (ASC)LAST NAME (ASC)FIRST NAME (ASC)
    FOOD ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.11.1   : Formula Usage Criteria

Figure 257 - Formula Usage Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Issue Month - The month that the report will select records on. This field is required.
Year - The year that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.11.2   : Formula Exception Usage Report

Report Name: FR_FORMULA_USAGE   Report #FR3309
Report Date: MM/DD/YYYY   Page ZZZ9

Arizona WIC Program
Formula Usage
Issue Month: MMM YYYY

Category: XXX XXXXXXXXXXXXXXXXXXX

Local Agency: XX XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXXXXXX

Number of Participants

Formula Type	Formula ID	Description	Food Package	Participants
Special Formula	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXX	ZZZ,ZZ9
	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXX	ZZZ,ZZ9
Low Iron Formula	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXX	ZZZ,ZZ9
	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXX	ZZZ,ZZ9
Non-Rebate Formula	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXX	ZZZ,ZZ9

Details of Participants

Formula Type	Formula ID	Name (First, Last)	Address	Phone
Special Formula	XXXXXXXXXX	XXXXXXX XXXXXXXXXX	XXXXXXXXXXXXXXXXX	(XXX)XXX-XXXX
	XXXXXXXXXX	XXXXXXX XXXXXXXXXX	XXXXXXXXXXXXXXXXX	(XXX)XXX-XXXX
Low Iron Formula	XXXXXXXXXX	XXXXXXX XXXXXXXXXX	XXXXXXXXXXXXXXXXX	(XXX)XXX-XXXX
	XXXXXXXXXX	XXXXXXX XXXXXXXXXX	XXXXXXXXXXXXXXXXX	(XXX)XXX-XXXX
Non-Rebate Formula	XXXXXXXXXX	XXXXXXX XXXXXXXXXX	XXXXXXXXXXXXXXXXX	(XXX)XXX-XXXX

Figure 258 - Formula Usage Report

Calculations

Participants - Count of participants by formula type and food package.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.12   : Alcohol and Drug Prevalence

Priority: Required

Window: Alcohol and Drug Prevalence Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This report will give the number and percentage of women in each category using alcohol (in specific amounts) and drugs at enrollment to WIC and at re-certification visit.

The information can be used to determine if WIC intervention made a difference in use and or amount of usage of alcohol or drugs.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
CATEGORY (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.12.1   : Alcohol and Drug Prevalence Criteria

Figure 259 - Alcohol and Drug Prevalence Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Dates From/Thru - The date range that the report will select records on. This field is required.

Report Level - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State, and Local Agency.If State or Local Agency is selected the Summary report is generated. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.12.2   : Alcohol and Drug Prevalence Report

Report Name: CR_ALCOHOL_DRUG_PREV   Report No: CR2601
Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

Arizona WIC Program
Alcohol and Drug Prevalence
Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXX   Clinic: XX XXXXXXXXXX

Alcohol (Drinks/wk) at Enrollment   Drug Use

Category	1-2	%	3-6	%	7+	%	Y	%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Totals	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Alcohol (Drinks/wk) at Recert   Drug Use

Category	1-2	%	3-6	%	7+	%	Y	%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Totals	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Totals For Local Agency: XX XXXXXXXXXXX

Alcohol (Drinks/wk) at Enrollment   Drug Use

Category	1-2	%	3-6	%	7+	%	Y	%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Totals	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Alcohol (Drinks/wk) at Recert   Drug Use

Category	1-2	%	3-6	%	7+	%	Y	%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Totals	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Figure 260 - Alcohol and Drug Prevalence Report

Section 2 - 4.3.12.3   : Alcohol and Drug Prevalence Summary Report

Report Name: CR_ALCOHOL_DRUG_PREV   Report No. CR2601
Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

<div align="center">

Arizona WIC Program
Alcohol and Drug Prevalence
Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
Summary

</div>

State Agency: XX XXXXXXXXXXX

Category	Alcohol (Drinks/wk) at Enrollment						Drug Use	
	1-2	%	3-6	%	7+	%	Y	%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Totals	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Category	Alcohol (Drinks/wk) at Recert						Drug Use	
	1-2	%	3-6	%	7+	%	Y	%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
XXXXXX	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Totals	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Totals For State: XX XXXXXXXXXXX

Figure 261 - Alcohol and Drug Prevalence Summary Report

Calculations

Clinic Calculations:

Count of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at enrollment.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at enrollment.
Count of participants by category by drug usage by clinic.
Percentage of participants by category by drug usage by clinic at enrollment
Count of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at re-certification.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at re-certification.
Count of participants by category by drug usage by clinic at re-certification.
Percentage of participants by category by drug usage by clinic at re-certification

Local Agency Calculations:

Count of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at enrollment.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at enrollment.
Count of participants by category by drug usage by Local Agency.
Percentage of participants by category by drug usage by Local Agency at enrollment
Count of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at re-certification.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at re-certification.
Count of participants by category by drug usage by Local Agency at re-certification.
Percentage of participants by category by drug usage by Local Agency at re-certification

State Agency Calculations:

Count of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at enrollment.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at enrollment.
Count of participants by category by drug usage Statewide.
Percentage of participants by category by drug usage Statewide at enrollment
Count of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at re-certification.
Percentage of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at re-certification.
Count of participants by category by drug usage Statewide at re-certification.
Percentage of participants by category by drug usage Statewide at re-certification

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.13 **:** Nutritional Risks by Category

Priority: Required

Window: Nutritional Risks by Category Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window provides the number and percent of caseload by nutritional risk factor and category. It can be used to track the number / percentage of participants in each risk factor for each category. The user can select to run either a detailed report, which will provide risk/client information by each category, or a summary report, which offers risk/client information by total women, infants, and children.

Sort Criteria (Major to Minor):

> ORGANIZATIONAL UNIT CODE (ASC)
> CATEGORY (DESC)
> RISK FACTOR (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.13.1   : Nutritional Risk by Category Criteria

Figure 262 - Nutritional Risk by Category Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Level - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State, and Local Agency. This field is required.
Type - Options for the type of report to produce are Summary and Detail. This field is also required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.13.2   : Nutritional Risk by Category Report

| **Report Name:** | **CR_NUTR_RISK_BY_CAT** | **Arizona WIC Program** | **Report No:** | **CR2415** |
| **Report Date:** | **MM/DD/YYYY** | **NUTRITIONAL RISK BY CATEGORY** | **Page:** | **999999** |

From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)
DETAIL

Local Agency: XX XXXXXXXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXXX

Nutritional Risk	**{W CAT} PCT**	**{W CAT} PCT**	**W/Total PCT**	**{I CAT} PCT**	**{I CAT} PCT**	**I/Total PCT**	**{C CAT} PCT**	**{C CAT} PCT**	**C/Total PCT**	**RF Total PCT**
999	99999999	99999999	99999999	99999999	99999999	99999999	99999999	99999999	99999999	99999999
XXXXXXXXXXX	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%

Figure 263 - Nutritional Risk by Category Report

Report Name: **CR_NUTR_RISK_BY_CAT**   **Report No:** **CR2415**
Report Date: **MM/DD/YYYY**   **Arizona WIC Program**   **Page:** **999999**
                                                NUTRITIONAL RISK BY CATEGORY
                                             From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                        (Report Level)
                                                           SUMMARY
Local Agency: XX XXXXXXXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXXX

Nutritional Risk	W/Total PCT	I/Total PCT	C/Total PCT	RF Total PCT
999	99999999	99999999	99999999	99999999
XXXXXXXXXXXX	999.99%	999.99%	999.99%	999.99%

      Section 2 - 4.3.13.3   : Nutritional Risk by Category Summary Report

Figure 264 - Nutritional Risk by Category Summary Report

Calculations

Participant Number – COUNT (Participants) for the Category and Nutritional Risk Factor
% – Participant Number by Category / Total Participation
(W)omen Total – Total all participants in the following categories (EN, PN, P, PG1 & PG2)
(I)nfants Total – Total all participants in the following categories (IFF, IEN & IPN)
(C)hildren Total – Total all participants in the following categories (C1, C2, C3, C4, & C5)
Risk Factor (RF) Total – Women Total + Infants Total + Children Total
Total Participation – COUNT all Participants

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.14   : Entry into WIC by Women

Priority: Required

Window: Entry into WIC by Women Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces entry into WIC for all pregnant and postpartum WIC women by source of health care provider. It is used to track the types of health care pregnant and postpartum women are using, and the timeliness of their referral to WIC.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    SOURCE HEALTH CARE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.14.1   : Entry into WIC by Women Criteria

Figure 265 - Entry into WIC by Women

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Issue Dates From/Thru - The date range that the report will select records on. This field is required.

Report Level - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State , and Local Agency. If State or Local Agency is selected the Summary report is generated.This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.14.2 **:** Entry into WIC by Women Report

Report Name: CR_TRIMESTER_ENTRY   Report No: CR2404
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Entry Into WIC By Women
Issue Dates From: MM/DD/YYYYT
(Report Level)

Local Agency: XX XXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

Source of Health Care	1st (0-13 Weeks)		2nd (14-26 Weeks)		3rd (27+ Weeks)		Total Pregnant		Postpartum		Total Women	
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
Clinic Totals:	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
Local Agency Totals:	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%

Figure 266 - Entry into WIC by Women Report

Section 2 - 4.3.14.3 **:** Entry into WIC by Women Summary Report

Report Name: CR_TRIMESTER_ENTRY   Report No: CR2404
 Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Entry Into WIC By Women
Issue Dates From: MM/DD/YYYYT
Summary

Local Agency: XX XXXXXXXXXX

Source of Health Care	1st (0-13 Weeks)		2nd (14-26 Weeks)		3rd (27+ Weeks)		Total Pregnant		Postpartum		Total Women	
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
Clinic Totals:	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%
Local Agency Totals:	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%

Figure 267 - Entry into WIC by Women Summary Report

Calculations

1st (0 - 13 Weeks), 2nd (14 - 26 Weeks), 3rd (27+ Weeks)
Count of pregnant participants by source of health care by trimester of entry into WIC by Report Level.
Percentage of pregnant participants by source of health care by trimester of entry into WIC by Report Level x 100%.

Total Pregnant
Count of pregnant participants by source of health care by Report Level.
Percentage of pregnant participants by source of health care by Report Level x 100%.

Postpartum
Count of postpartum women by source of health care by Report Level.
Percentage of postpartum women by source of health care by Report Level x100%.

Total Women
Count of women participants by source of health care by Report Level.
Percentage of women participants by source of health care by Report Level x 100%.

Local Agency / State Totals

1st (0 - 13 Weeks), 2nd (14 - 26 Weeks), 3rd (27+ Weeks)
Count of pregnant participants by trimester of entry into WIC by Report Level.
Percentage of pregnant participants by trimester of entry into WIC by Report Level x 100%.

Total Pregnant
Count of pregnant participants by Report Level.
Percentage of pregnant participants by Report Level x 100%.

Postpartum
Count of postpartum women by Report Level.
Percentage of postpartum women by Report Level x100%.

Total Women
Count of women participants by Report Level.
Percentage of women participants by Report Level x 100%.

Report Level referenced in the above calculations is either Clinic, Local Agency, or State depending on the Report Level selected on the parameter screen.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.15   : Client Transfers

Priority: Required

Window: Participant Transfers Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This window provides information on all in-state transfers.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.15.1   : Client Criteria

Figure 268 - Client Transfers Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Transfer Dates From/Thru - The date range that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.15.2   : Client Transfers Report

Report Name: CR_CLIENT_TRANSFERS   Report No: CR2419
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Client Transfers
Transfer Dates From:MM/DD/YYYY To: MM/DD/YYYY

Transfers To

  Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXX

Client ID	Name	Priority	Category	Originating LA/CL
XXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXX	XX	XX/XX
XXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXX	XX	XX/XX
XXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXX	XX	XX/XX

Transfers From

  Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXX

Client ID	Name	Priority	Category	Destination LA/CL
XXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXX	XX	XX/XX
XXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXX	XX	XX/XX
XXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXX	XX	XX/XX

Figure 269 - Client Transfers Report

Calculations

None

Background Processes

This report is generated through the end of day process at both the gaining and losing agency.

Enrollment and Certification

Section 2 - 4.3.16   : Dual Enrollment / Participation

Priority: Required

Window: Dual Enrollment / Participation Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

List of possible dual enrollment/participation for local agency research and response to the State WIC Agency. The user has the option to run 1 of 3 dual enrollment reports, the AZ WIC vs AZ CSF, InterAgency report. The AZ WIC vs AZ CSF report lists all potential dual enrollee/participation between and within WIC and CSF that have not been previously resolved. The Inter-Agency reports list potential dual enrollee/participation between the state WIC agency and ITCA or Navajo Nation WIC agencies. Prior to running either of the Inter Agency reports, the user must load the Participation file from the other Agency by running the "Inter Agency File Upload" screen in the System Administration module.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)
CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand, (monthly) or daily as part of End of Day

Role(s): Enrollment and Certification

Section 2 - 4.3.16.1   : Dual Enrollment / Participation Criteria

Figure 270 - Dual Enrollment / Participation Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report - The dual enrollment report to run. The available options are AZ WIC vs AZ CSFP or Inter-Agency. This field is required.

Button(s)
Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.16.2 : Dual Enrollment / Participation AZ WIC vs AZ CSFP Report

Report Name: CR_DUAL_ENROLLMENT   Report No: CR2402
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Dual Enrollment / Participation
AZ WIC vs AZ CSFP

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

L/A	CLN	Issue Site	Part ID	Participant Name	Birth Date	Address	WIC Type	Prog. Code	Cert Date	Last Cashed	Last Issuance	Comments
XX	XX	XX	XXXXXXXXXXX XXXXXXXXX,	XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
XX	XX	XX	XXXXXXXXXXX XXXXXXXXX,	XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
XX	XX	XX	XXXXXXXXXXX XXXXXXXXX,	XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
XX	XX	XX	XXXXXXXXXXX XXXXXXXXX,	XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	

Figure 271 - Dual Enrollment / Participation AZ WIC vs AZ CSFP Report

Section 2 - 4.3.16.3   : Dual Enrollment / Participation Interagency Report

Report Name: CR_DUAL_ENROLLMENT   Report No:CR2402
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Dual Enrollment / Participation
Inter-Agency

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

L/A	CLN	Issue Site	Part ID	Participant Name	Birth Date	Address	WIC Type	Prog. Code	Cert Date	Last Cashed	Last Issuance	Comments
XX	XX	XX	XXXXXXXXXXX	XXXXXXXXXX, XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
XX	XX	XX	XXXXXXXXXXX	XXXXXXXXXX, XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
XX	XX	XX	XXXXXXXXXXX	XXXXXXXXXX, XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
XX	XX	XX	XXXXXXXXXXX	XXXXXXXXXX, XXXXXXXXXXX	MM/DD/YYYY	XXXX, XXXXXXXX XXXXXXXX	X	XX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	

Figure 272 - Dual Enrollment / Participation Interagency Report

Calculations

None

Background Processes

The WIC Type column contains the Category of the participant. The Prog. Code column contains one of the following codes, State WIC - WC, CSF - CP, ITCA WIC - IT, Navajo Nation WIC - NN. The issue site applies to CSF, for WIC participants this column will be the same as the CLN column.

The criteria used to determine dual enrollment/participant candidates are:
      1st Four Characters of Last Name
      1st Six Characters of First Name
      Birth Month and Year
      Gender

Enrollment and Certification

Section 2 - 4.3.17   : WIC Ethnic Group Participation

Priority: Required

Window: WIC Ethnic Group Participation Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window provides a summary listing of the ethnic groups participating in the WIC program and the number of Participants and percentages each ethnic group contains.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL VALUE (ASC)
    RACE (ASC)
    ETHNIC GROUP (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.17.1   : WIC Ethnic Group Participation Criteria

Figure 273 - WIC Ethnic Group Participation Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Issue Dates From/Thru - The date range that the report will select records on. This field is required.

Report Level - The reporting level that will be produced. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.17.2   : WIC Ethnic Group Participation

Report Name: CR_ETHNIC_GRP_PART   Report No: CR2434
Report Date: MM/DD/YYYY   Page: ZZZ9
Arizona WIC Program
WIC Ethnic Group Participation
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXX
Race: XXXXXXXXXXXXXX

Women

Ethnic Group	Pregnant			Postpartum		Breastfeeding		
	1	4	4	6	1	2	4	Total
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%

Children

Ethnic Group	Children Age 1					
	1	3	4	5	7	Total
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	Children Age 2					
Ethnic Group	1	3	4	5	7	Total
	Children Age 3					
Ethnic Group	1	3	4	5	7	Total
	Children Age 4					
Ethnic Group	1	3	4	5	7	Total

Infants

Ethnic Group	Infants Exclusively Breastfeeding (Nursing)				
	1	2	4	7	Total
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	Infants Formula Fed				
Ethnic Group	1	2	4	7	Total
	Infants Partially Formula Fed				
Ethnic Group	1	2	4	7	Total

Figure 274 - WIC Ethnic Group Participation

Section 2 - 4.3.17.3   : WIC Ethnic Group Participation Summary Report

Report Name: CR_ETHNIC_GRP_PART   Report No: CR2434
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
WIC Ethnic Group Participation
Summary
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY

State Agency: XX XXXXXXXXXXXXXXX
Race: XXXXXXXXXXXXXXX

Women

Ethnic Group	Pregnant			Postpartum		Breastfeeding		Total
	1	4	4	6	1	2	4	
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%

Children

Ethnic Group	Children Age 1					Total
	1	3	4	5	7	
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%

Ethnic Group	Children Age 2					Total
	1	3	4	5	7	

Ethnic Group	Children Age 3					Total
	1	3	4	5	7	

Ethnic Group	Children Age 4					Total
	1	3	4	5	7	

Infants

Ethnic Group	Infants Exclusively Breastfeeding (Nursing)				Total
	1	2	4	7	
XXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9	ZZ,ZZ9
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%
	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%	ZZ9.99%

Ethnic Group	Infants Formula Fed				Total
	1	2	4	7	

Ethnic Group	Infants Partially Formula Fed				Total
	1	2	4	7	

Figure 275 - WIC Ethnic Group Participation Summary Report

Calculations

    Total by ethnicity, priority and category (women).
    Percent by ethnicity, priority and category (women).
    Totals by ethnicity, priority and category (infant).
    Percent by ethnicity, priority and category (infant).
    Totals by ethnicity, priority and category (children).
    Percent by ethnicity, priority and category (children).

Ethnicity by Category

Ethnic Code	cat #1		cat #2		cat #3		cumulative
	P#	P#	P#	P#	P#	P#	
XXX	####	####	####	####	####	####	#### (Row Total)
	%R	%R	%R	%R	%R	%R	100%
	%C	%C	%C	%C	%C	%R	% TC
XXX	####	####	####	####	####	####	#### (Row Total)
	%R	%R	%R	%R	%R	%R	100%
	%C	%C	%C	%C	%C	%R	% TC
XXX	####	####	####	####	####	####	#### (Row Total)
	%R	%R	%R	%R	%R	%R	100%
	%C	%C	%C	%C	%C	%R	% TC
Total	tot C	tot C	tot C	tot C	tot C	tot C	total all
	%Cat	%Cat	%Cat	%Cat	%Cat	%Cat	

% R   = percent in this ethnic group that fell into this category (row percentages)
        (ex. xx% of the Hispanic Women in WIC were Pregnant/Women priority 1)

        =   Participants in this ethnic group, category and priority
                  _____   x 100
                  total # participants in this ethic group

% C   = percent of participants in this category that are in this ethnic group (column
percentages)
        (ex. xx% of the Pregnant/Women who were Hispanic)

        =   Participants in this ethnic group, category and priority
                  _____   x 100
                  total # participants in this category

% TC   = percent of total participants within this ethnic group (total column percentage)
         (ex. xx% of WIC participants who were Hispanic)

         =   Participants in this ethnic group

                  _____   x 100

                  total # WIC participants

tot C = total # participants in this category

% cat   = percent of WIC participants in this category
          (ex. xx% of WIC participants that were Pregnant/Women)

          =   Participants in this category (column total)

                   _____   x 100

                   total # WIC participants

P#: priority number
####: Counts by ethnic group

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.18   : High Risk Participants

Priority: Required

Window: High Risk Participants Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a listing of participants whose priority level and risk factors place them at high risk.

Sort Criteria (Major to Minor):
   PRIORITY (ASC)
   LAST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.18.1   : High Risk Participants Criteria

Figure 276 - High Risk Participants Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Issue Month & Year From/Thru - The date range that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.18.2   : High Risk Participants Report

Report Name: CR_HIGH_RISK_PART   Report No:CR2406
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
High Risk Participants
Issued Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXX

Participants ID	Name	Category	Pickup Day	Pickup Interval	Cert. End Date	Priority
XXXXXXXXX	XXXXXXXXX XXXXXXXXXX	XXX	XX	XXXXXXXX	MM/DD/YYYY	XX

Total: ZZZZ9

Figure 277 - High Risk Participants Report

Calculations

Total - The number of high risk participants for each local agency.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.19   : Pregnant Participants

Priority: Required

Window: Pregnant Participants Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window provides an alphabetical listing of all pregnant participants including their telephone numbers and expected delivery dates.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT CODE (ASC)
      EXPECTED DELIVERY DATE (ASC)
      LAST NAME (ASC)
      FIRST NAME (ASC)
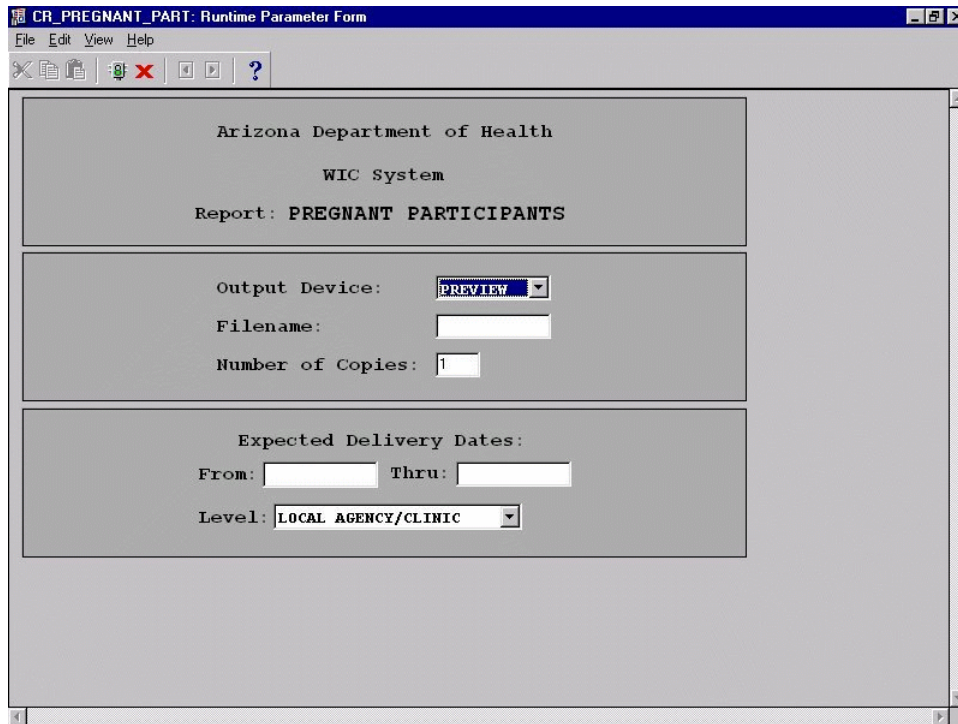
Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.19.1   : Pregnant Participants Criteria

Figure 278 - Pregnant Participants Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Expected Delivery Date From/Thru - The date range that the report will select records on. This field is required.
Report Level - The reporting level that will be produced. The available options are State, State/Local Agency, Local Agency, Local Agency/Clinic. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.19.2   : Pregnant Participants Report

Report Name: CR_PREGNANT_PART   Report No: CR2423
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Pregnant Participants
Expected Delivery Dates From: MM/DD/YYYY To: MM/DD/YYYY

Local Agency: XX XXXXXXXXXX   Clinic XX   XXXXXXXXXX

No Calls

Name	Participant ID	Address/Phone	No Calls	No Mailing	Expected Delivery Date
XXXXXXXXXX XXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XX XXXXX-XXXX	X Phone Number: (XXX) XXX-XXXX	X Phone Type: XXXXX	MM/DD/YYYY
XXXXXXXXXX XXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XX XXXXX-XXXX	X Phone Number: (XXX) XXX-XXXX	X Phone Type: XXXXX	MM/DD/YYYY

Clinic Totals: XXXXXXX
Local Agency Totals: XXXXXXX

Figure 279 - Pregnant Participants Report

Section 2 - 4.3.19.3   : Pregnant Participants Summary Report

Report Name: CR_PREGNANT_PART   Page: ZZZ9

Report Date: MM/DD/YYYY

Arizona WIC Program

Pregnant Participation

State

Expected Delivery Dates From: MM/DD/YYYY To: MM/DD/YYYY

State Agency: XX   XXXXXXXXXXX   State Total: XXXXX

Local Agency Total

Local Agency:	XX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
Local Agency :	XX XXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
Local Agency :	XX XXXXXXXXXXXXXXXXXXXXXXXXX	XXX
Local Agency :	XX XXXXXXXXXXXXXXXXXXXXXXXX	XXX
Local Agency :	XX XXXXXXXXXXXXXXXXXXXXXXXX	XXX
Local Agency :	XX XXXXXXXXXXXXXXXXXXXXXXXX	XXX

Figure 280 - Pregnant Participants Summary Report

Calculations

Clinic Total = Count(Pregnant Participants in the clinic with Expected delivery dates in date range)
Local Agency Total = Count(Pregnant Participants in the Local Agency with Expected delivery dates in date range)
State Total = Count(Pregnant Participants across the state with Expected delivery dates in date range)

Background Processes

A 'Y' in the Phone or Mail column indicates the staff may call/send to the participant, 'N' indicates the staff may not call/send to the participant.

Enrollment and Certification

Section 2 - 4.3.20   : Priority 1, 2, 3

Priority: Required

Window: Priority 1, 2, 3 Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window displays the number and percent of priorities 1,2,3's served each month and the percent increase or decrease for each priority. The report is used to track the number of 1,2,3's served and to target unserved high risk groups through outreach efforts.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    CATEGORY ID (ASC)
    PRIORITY (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.20.1   : Priority 1,2,3 Criteria

Figure 281 - Priority 1,2,3 Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Issue Month - The user may enter the month that the report will select records on. This field is required.

Year - The user may enter the year that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.20.2 : Priority 1,2,3 Report

Report Name: CR_PRIORITY_123   Report No CR2426
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Priority 1,2,3 Report
(Report Level)
Issue Month:MM Year: YYYY

Local Agency: XX XXXXXXXXXX

Clinic: XX XXXXXXXXXX

Category	Priority	Number Served	% Change Prev. Month	% Change Prev. Year
XXXXXXXXXX	XX	XXXX	XXX.XX%	XXX.XX%
XXXXXXXXXX	XX	XXXX	XXX.XX%	XXX.XX%
XXXXXXXXXX	XX	XXXX	XXX.XX%	XXX.XX%
Clinic Total:		XXXX	XXX.XX%	XXX.XX%

Figure 282 - Priority 1,2,3 Report

Section 2 - 4.3.20.3   : Priority 1,2,3 Summary Report

Report Name: CR_PRIORITY_123   Report No CR2426
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Priority 1,2,3 Report
Summary
Issue Month:MM Year: YYYY

State Agency: XX XXXXXXXXXX

Clinic: XX XXXXXXXXXX

Category	Priority	Number Served	% Change Prev. Month	% Change Prev. Year
XXXXXXXXXX	XX	XXXX	XXX.XX%	XXX.XX%
XXXXXXXXXX	XX	XXXX	XXX.XX%	XXX.XX%
XXXXXXXXXX	XX	XXXX	XXX.XX%	XXX.XX%
Clinic Total:		XXXX	XXX.XX%	XXX.XX%

Figure 283 - Priority 1,2,3 Summary Report

Calculations

Number Served - Count(participants for the month by category and priority)
% Change Prev. Month - Percentage of change (Increase or Decrease) in participation by category and priority over the previous month. (((Current month's participation by category and priority / Previous month's participation by category and priority) - 1) x 100)
% Change Prev. Year - Percentage of change in participation (Increase or Decrease) by category and priority over the same month in the previous fiscal year. (((Current year's participation by category and priority / Previous year's participation by category and priority) - 1) x 100)

Clinic Total (Number Served) - Sum(Number Served)
Clinic Total (%Change Prev. Month) - ((Current month's participation / Previous month's participation) - 1) x 100
Clinic Total (%Change Prev. Year) - ((Current month's participation / Previous month's participation) - 1) x 100
State Total (Number Served) - Sum(Number Served)
State Total (%Change Prev. Month) - ((Current month's participation / Previous month's participation) - 1) x 100
State Total (%Change Prev. Year) - ((Current month's participation / Previous month's participation) - 1) x 100

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.21   : Terminations

Priority: Required

Window: Terminations Report Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This window provides information on all of terminations that have occurred during a user specified time frame. All terminations are shown whether they were system generated or manually entered.

Sort Criteria (Major to Minor):
    TERMINATION REASON (ASC)
    PARTICIPANT NAME

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.21.1   : Terminations Criteria

Figure 284 - Terminations Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.
Report Style - Whether report is summary/detail or summary only report. This field is required.
Termination Date From/Thru - The date range that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.21.2   : Terminations Report
Report Name: CR_TERMINATIONS
Report Date: MM/DD/YYYY   Page: ZZZ9

<p align="center">**Arizona WIC Program**
Terminations
(Report Level)
Termination Dates From: MM/DD/YYYY Thru: MM/DD/YYYY</p>

Local Agency: XX XXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

Client ID	Name	Cert Start Date	Cert End Date	Category	Priority	Termination Date	Termination Reasons
XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	XXX	XX	XXXXXXX	XXXXXXX
XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	XXX	XX	XXXXXXX	XXXXXXX
XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	XXX	XX	XXXXXXX	XXXXXXX

Clinic Totals: Termination Reason   Count
                                                                        XXXXXXXXXXXXX   ZZ,ZZ9

Figure 285 - Terminations Report

Section 2 - 4.3.21.3   : Terminations Summary Report

Report Name: CR_TERMINATIONS
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Terminations
Summary
Termination Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

State Agency: XX   XXXXXXXXXXXXXXX

<u>Count</u>   <u>Termination Reason</u>

ZZ,ZZ9   XXXXXXXXXXXXX

Figure 286 - Terminations Summary Report

Calculations

Count - Count of all terminations by reason by organizational unit.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.22   : Transactions

Priority: Required

Window: Transactions Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window provides a listing of Participant certification, recertification and re-enrollment transactions. Certification is defined as the initial certification into the WIC Program. Recertification is a follow on certification based upon a previous certification with no break in enrollment. Re-enrollment is certification after a break in enrollment.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    LAST NAME (ASC)
    FIRST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.22.1   : Transactions Criteria

Figure 287 - Transactions Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The number of copies of this report to be generated. This field is optional, the default is one.
Certification Start Dates From/Thru - The certification start date range the report will select records on. This field is required.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.
Report Style - Whether report is summary/detail or summary only report. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.22.2   : Transactions Report

Report Name: CR_TRANSACTIONS_RPT   Report No CR2431
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Transactions
(Report Level)
Certification Start From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXXXXXX

Program: WIC

Name		Part. ID	Transaction Type	Cert_Start Date	Cert End Date	Cert Term Date
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/ YYYY
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/ YYYY
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/ YYYY

Clinic: XX XXXXXXXXXXXXXXXXXXXXX   Totals: Transaction Type   Count
                                                   XXXXXXXXXXXXXX   ZZ,ZZ9
                                                   XXXXXXXXXXXXXX   ZZ,ZZ9
                                                   XXXXXXXXXXXXXX   ZZ,ZZ9

Program: CSF

Name		Part. ID	Transaction Type	Cert_Start Date	Cert End Date	Cert Term Date
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/ YYYY
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/ YYYY
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	MM/DD/YYYY	MM/DD/YYYY	MM/DD/ YYYY

Clinic: XX XXXXXXXXXXXXXXXXXXXXX   Totals: Transaction Type   Count
                                                   XXXXXXXXXXXXXX   ZZ,ZZ9
                                                   XXXXXXXXXXXXXX   ZZ,ZZ9
                                                   XXXXXXXXXXXXXX   ZZ,ZZ9

Program: WIC
Local Agency: XX XXXXXXXXXXXXXXXXXXXXXX   Totals: Transaction Type   Count
                                                            XXXXXXXXXXXXXX   ZZ,ZZ9
                                                            XXXXXXXXXXXXXX   ZZ,ZZ9

Figure 288 - Transactions Report

Section 2 - 4.3.22.3   : Transactions Summary Report

Report Name: CR_TRANSACTIONS_RPT   Report No: CR2431
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Transaction Report
Summary
Certification Start From: MM/DD/YYYY Thru: MM/DD/YYYY

Agency: XX XXXXXXXXXXXXXXXXXXXXXX

     Program: WIC

Transaction Type	Count
XXXXXXXXXXXXXXX	ZZZ,ZZ9
XXXXXXXXXXXXXXX	ZZZ,ZZ9
XXXXXXXXXXXXXXX	ZZZ,ZZ9
Totals:	Z,ZZZ,ZZ9

     Program: CSF

Transaction Type	Count
XXXXXXXXXXXXXXX	ZZZ,ZZ9
XXXXXXXXXXXXXXX	ZZZ,ZZ9
XXXXXXXXXXXXXXX	ZZZ,ZZ9
Totals:	Z,ZZZ,ZZ9

Figure 289 - Transactions Summary Report

Calculations

Transaction type is derived from system data.
Count of transaction types by clinic.
Count of transaction types by local agency.

Background Processes

The three transaction types are Certification, Re-Certification, and Re-Enrollment. Certification is defined as participants certified and found eligible for the program. Re-Certified is defined as a participant with a previous certification period that ended within 1 year of the new certification period. Re-Enrollment is defined as a participant with a previous certification period that ended over one year from the start of the new certification period.

Enrollment and Certification

Section 2 - 4.3.23 **:** Services Due

Priority: Required

Window: Services Due Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces an alphabetical listing of participants due for re-certification, mid-certification, assessment, secondary education, and high risk contact.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)
    LAST NAME (ASC)
    FIRST NAME (ASC)
    SERVICE ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.23.1   : Services Due Criteria

Figure 290 - Services Due Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.
End Cert Date From/Thru - The date range that the report will select records on. This field is required.
Service Type - The user may select the services to report on. The available options are: Certifications Due, High Risk Due, Mid-Certifications Due, Secondary Nutrition Education Due, or All. This field is Required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.23.2   : Services Due Report

Report Name: CR_CERT_EVENTS_DUE   Report No: CR2509
Report Date: MM/DD/YYYY   Page ZZZ9

<div align="center">

Arizona WIC Program
Services Due
(Service Type)

</div>

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

Name	Client ID	Cert End Date	High Risk	Priority	Category
XXXXXXXXXX, XXXXXXXXX	XXXXXXXXX	MM/DD/YYYY	X	XX	XXXXXXXXXXXXXXX

Service: XXXXXX XXXXXXXXXX   Totals: ZZ,ZZ9

Local Agency: XX XXXXXXXXX   Totals: ZZ,ZZ9

Figure 291 - Services Due Report

Section 2 - 4.3.23.3   : Services Due Summary Report

Report Name: CR_CERT_EVENTS_DUE   Report No: CR2509
Report Date: MM/DD/YYYY   Page ZZZ9

**Arizona WIC Program
Services Due
Summary**

StateAgency: XX XXXXXXXXXXXXXXX

                    Service   Total

          XXXXXXXXXXXXXXXX   ZZ,ZZ9

                                 Totals: ZZZ,ZZ9

Figure 292 - Services Due Summary Report

Calculations

Totals (Service) - Count(services by service type by organizational unit)
Totals (Local Agency) - Count(services by Local Agency)
Totals (State) - Count(services by State)

Background Processes

The criteria used for the services are:
Certification Due - Part. With Certification end dates within the date range and are still
categorically eligible.
High Risk Due - High risk participants without an individual nutrition education contact either
attended during the current certification period or scheduled in the future during the current
certification period.
Mid-Certification Due - Infants without a medical update during the 6 - 8 month of age time
frame.
Secondary Nutrition Education Due - Participant 4 mo. Into their certification period that have
not
attended a second nutrition education appointment or scheduled for one in the future.

Enrollment and Certification

Section 2 - 4.3.24   : Conditional Certifications

Priority: Required

Window: Conditional Certifications Initiation Window
Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This report provides information on all conditional certifications (Income, Medical or Nutritional reasons) who will be ending conditional certification. Participants with self declared income have a 30 day conditional certification period. Participants with risk factor 503 and participants without approved risk factors (and no other risk factors) and without bloodwork have a 60 day conditional certification period.

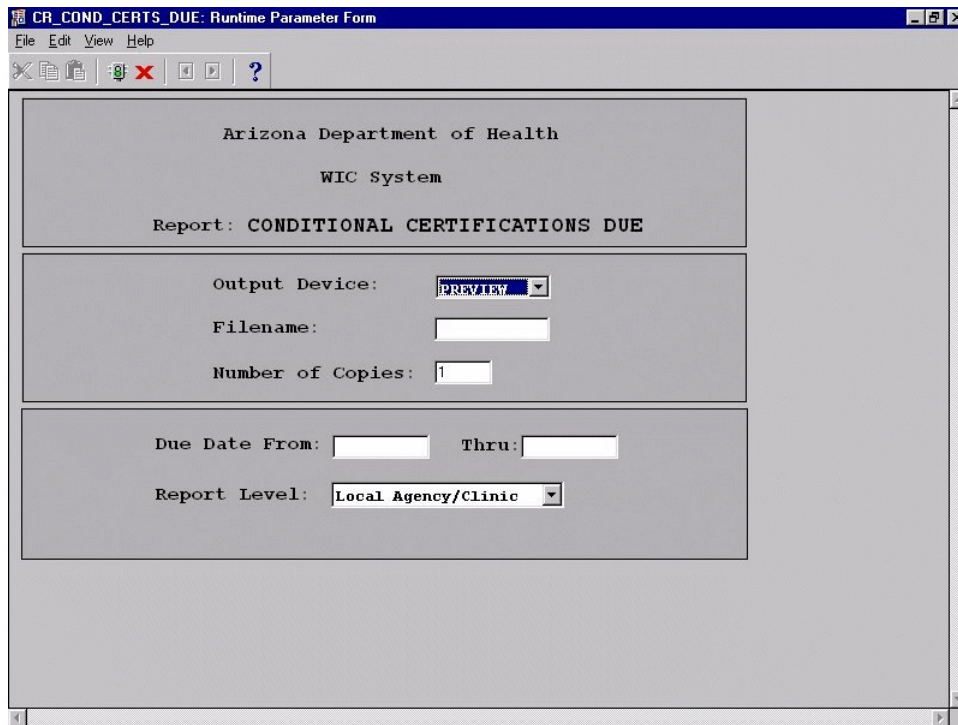**Sort Criteria (Major to Minor):**
    ORGANIZATIONAL UNIT CODE (ASC)
    CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.24.1   : Conditional Certifications Criteria

Figure 293 - Conditional Certifications Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Due Date From\Thru - The approval due by date range that the report will select records on. This field is required.
Report Level - Drop down list showing organization levels (LA/Clinic, LA, State). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.
OK - Exits the preview mode for the report.

Section 2 - 4.3.24.2   : Conditional Certifications Report

Report Name: CR_COND_CERTS_DUE   Report No: CR2401
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Conditional Certifications Due
Due Date From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXX

Reason	Participant ID	Name	Cert Start Date	Category	Priority	Doc. Due Date
Blood Work Pending	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
Risk Factor Approval	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
Income Doc Pending	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY
	XXXXXXXXX	XXXXXXXXX XXXXXXXXXXX	MM/DD/YYYY	XXX	XX	MM/DD/YYYY

Clinic Totals: ZZ,ZZ9

Figure 294 - Conditional Certifications Report

Calculations

Totals - Count conditional certified Participants by organizational unit)
Doc. Due Date - (Certification start date + conditional period)

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.25   : Services Scheduled / Kept by Category

Priority: Required

Window: Services Scheduled / Kept by Category Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a listing of all appointment services that are scheduled and / or kept by category.

Sort Criteria (Major to Minor):
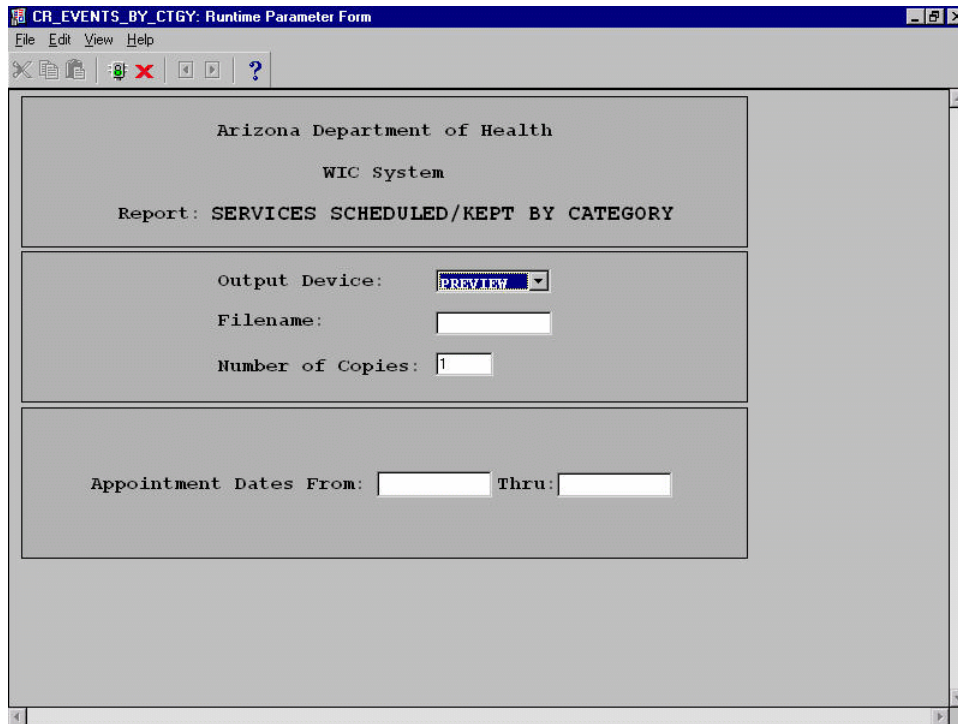   ORGANIZATIONAL UNIT CODE (ASC)
    CATEGORY CODE (ASC)
    SERVICE ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.25.1   **:** Services Scheduled / Kept by Category Criteria

Figure 295 - Services Scheduled / Kept by Category Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Appointment Dates From/Thru - The date range of appointments the report will be run for. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.25.2   : Services Scheduled / Kept by Category Report

Report Name: CR_EVENTS_BY CTGY   Report No: CR2511
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Services Scheduled/Kept by Category
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX   XXXXXXXXXXXXXXXXX   Clinic: XX   XXXXXXXXXXXXXXX

Category: XXX   XXXXXXXXXXXXXXX

Service	Appointments Kept	Appointments Missed	No Show Rate
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99%
XXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99%
Category XXX Totals	ZZ,ZZ9	ZZ,ZZ9	ZZ9.99%

Figure 296 - Services Scheduled / Kept by Category Report

Calculations

Appointments Kept - The sum of appointments kept by Participants during the requested time frame for the organizational unit.
Appointments Missed - The sum of appointments missed by the Participants during the requested time frame for the organizational unit.
No Show Rate - The ratio of missed appointments to total appointments made expressed as a percentage.

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.26   : High Risk Appointments Scheduled

Priority: Required

Window: High Risk Appointments Scheduled Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This window provides information on upcoming appointments with high risk Participants. The window displays the service, topics and materials that will support the appointment.

Sort Criteria (Major to Minor):
　　　ORGANIZATIONAL UNIT CODE (ASC)
　　　CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.26.1   : High Risk Appointments Scheduled Criteria

Figure 297 - High Risk Appointments Scheduled Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Appointment Dates From/Thru - The date range that the report will select records on. This field is required.
Report Style - The user may choose to run the report as Summary/Detail or Summary.
Report Level - The user may choose to run the report for Local Agencies and Clinics, State Agency and Local Agencies or State level only. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.26.2   : High Risk Appointments Scheduled Report

Report Name: CR_HIGH_RISK_APPTS_DUE
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
High Risk Appointments Scheduled
(Report Level)
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

Participant ID	Name		Priority	Category			
XXXXXXXXXXXX	XXXXXXXXX XXXXXXXXXXXX		XX	XXX			
	Appointment Date		**Time**	**Service**	**Topic**	**Materials**	
	MM/DD/YYYY		HH:MM	XXXXXX	XXXXXX	XXXXXX XXXXXX	
					XXXXXX	XXXXXX XXXXXX	
	MM/DD/YYYY		HH:MM	XXXXXX	XXXXXX	XXXXXX XXXXXX	
	Totals: ZZZ,ZZ9						
				Service	**Total**		
				XXXXXXX	ZZ9		

Figure 298 - High Risk Appointments Scheduled Report

Section 2 - 4.3.26.3   : High Risk Appointments Scheduled Summary Report

Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

Arizona WIC Program
High Risk Appointments Scheduled Summary
(Report Level)
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

State Agency: XX   XXXXXXXXXXXXXXX

Service	Total
XXXXXX	ZZZ,ZZ9
XXXXXX	ZZZ,ZZ9
XXXXXX	ZZZ,ZZ9
XXXXXX	ZZZ,ZZ9
Total:	Z,ZZZ,ZZ9

Figure 299 - High Risk Appointments Scheduled Summary Report

Calculations

Total (Service) - Count(high risk appointments by service)
Totals (Clinic, Local Agency, State) - Count(high risk appointments by Organizational Unit)

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.27   : Monitoring Visits Scheduled

Priority: Required

Window: Monitoring Visits Scheduled Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This report shows all Participants who are scheduled for monitoring visits. Information about the Participant and appointment is displayed. This report lists appointments with where the appointment type is 'MONITOR'.

Sort Criteria (Major to Minor):
> ORGANIZATIONAL UNIT CODE (ASC)
> CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.27.1   : Monitoring Visits Scheduled Criteria

Figure 300 - Monitoring Visits Scheduled Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Appointment Date From/Thru - The date range of monitoring appointments to be reported on. This field is required.
Report Level - Gives the choice of State/Local, Local/Clinic report type, Summary or Summary/Detail reporting. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.27.2   : Monitoring Visits Scheduled Report

Report Name: CR_MID_CERT_HEALTH   Report No: CR2507
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Monitoring Visits Scheduled
(Report Level)
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

Client ID	Name	Category	Priority
XXXXXXXXXX	XXXXXXXXX XXXXXXXXXX	XXX	XX
	Appointment Date		Appointment Time
	MM/DD/YYYY		HH:MM
	Topic	Materials	
	XXXXXXXXXX	XXXXXX	

Participant ID	Name	Category	Priority
XXXXXXXXXX	XXXXXXXXX XXXXXXXXXX	XXX	XX
	Appointment Date		Appointment Time
	MM/DD/YYYY		HH:MM
	Topic	Materials	
	XXXXXXXXXX	XXXXXX	

Participant ID	Name	Category	Priority
XXXXXXXXXX	XXXXXXXXX XXXXXXXXXX	XXX	XX
	Appointment Date		Appointment Time
	MM/DD/YYYY		HH:MM
	Topic	Materials	
	XXXXXXXXXX	XXXXXX	

Totals: XXXX

Figure 301 - Monitoring Visits Scheduled Report

Section 2 - 4.3.27.3   : Monitoring Visits Scheduled Summary Report
Report Name: CR_HI_RISK_APPTS_DUE
 Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Monitoring Visits Scheduled
Summary
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

 State Agency: XX   XXXXXXXXXXXXXXX

Category	Priority	Number of Visits
XXX	XX	ZZZ,ZZ9
XXX	XX	ZZZ,ZZ9
XXX	XX	ZZZ,ZZ9
XXX	XX	ZZZ,ZZ9
XXX	XX	ZZZ,ZZ9

Totals: Z,ZZZ,ZZ9

Figure 302 - Monitoring Visits Scheduled Summary Report

Calculations

Clinic Totals - Count (scheduled monitoring visits)
Number of Visits - Count (scheduled monitoring visits by category and priority)
Totals (State) - Count(scheduled monitoring visits statewide)

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.28   **:** List of Missed Appointments

Priority: Required

Window: List of Missed Appointments Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces an alphabetical listing of participants by service who missed appointments.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT CODE (ASC)
      SERVICE DESCRIPTION (ASC)
      LAST NAME (ASC)
      FIRST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.28.1   : List of Missed Appointments Criteria

Figure 303 - List of Missed Appointments Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Appointment Dates From/Thru - The date range of appointments that the report will select records on. This field is required.

Report Type - Summary only or detail and summary reports. This field is required.

Report Level - Local Agency/Clinic or State/Local agency reports. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.28.2   **:** List of Missed Appointments Report

Report Name: CR_MISSED_APPT_LIST   Report No:CR2505
Report Date: MM/DD/YYYY   Page: ZZZ9
 Report #

Arizona WIC Program
List of Missed Appointments
(Report Level)
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXX

Client ID	Name		Service	Appointment Date	Appointment Time	Category	Priority
XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	MM/DD/YYYY	HH:MM	XXX	XX
XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	MM/DD/YYYY	HH:MM	XXX	XX

Clinic Totals	Service	Count
XX XXXXXXXXXXXXXXX	XXXXXXX	ZZ,ZZ9
XX XXXXXXXXXXXXXXX	XXXXXXX	ZZ,ZZ9

Local Agency Totals	Service	Count
XX XXXXXXXXXXXXXXX	XXXXXXX	ZZ,ZZ9
XX XXXXXXXXXXXXXXX	XXXXXXX	ZZ,ZZ9

Figure 304 - List of Missed Appointments Report

Section 2 - 4.3.28.3   : List of Missed Appointments Summary Report

Report Date: MM/DD/YYYY   Page:
                                                                                                                                                ZZZ9

Report #

<div align="center">

Arizona WIC Program
List of Missed Appointments
(Report Level)
Summary
Appointment Dates From: MM/DD/YYYY Thru: MM/DD/YYYY

</div>

State Agency: XX   XXXXXXXXXXXXXXXX

Local Agency Totals	Service	Count
XX XXXXXXXXXXXXXXXX	XXXXXXX	ZZ,ZZ9
XX XXXXXXXXXXXXXXXX	XXXXXXX	ZZ,ZZ9
	Totals	ZZZ,ZZ9

Figure 305 - List of Missed Appointments Summary Report

Calculations

Count (Clinic) - Count(missed services by service and within clinic)
Count (Agency) - Count(missed services by service within agency)
Totals (State) - Count(missed services statewide)

Background Processes

None

Section 2 - 4.3.29   Precertified New Enrollments Report *(Formerly the Producing a Federal Time Line Processing Standards Report)*

Priority: Required

Window: Precertified New Enrollments

Report: Yes

Narrative:
This window allows the user to generate a report by Local Agency and Clinic which summarizes the identification of those Pregnant / Migrant and other Participants whose first appointments have been scheduled outside the Federal Processing Standards Guidelines for their category status. Pregnant and Migrant Worker appointments should be scheduled within 10 calendar days of their face to face contact with a WIC staff member and all others within 20 calendar days. First appointments scheduled outside of these processing guidelines will appear on this report. Note that the date used to measure compliance is not the date the appointment is made, but rather the date the appointment is scheduled for. The report also indicates whether the appointment has been rescheduled to indicate to the user that the original appointment may have been scheduled within the processing guidelines. In addition the report details for each record the number of days out of compliance the appointment is.

Business Rules
- This report will be reside in the Enrollment and Certification Module
- Records that appear on the report are to be determined from the Application Date on the Certification screen and clients who are receiving recerts will not appear on the report
- The categories displayed for clients appearing on the report will be obtained from the Client Category shown on the PreCertification screen
- The 10-day rule for the Precertified New Enrollments Report as it pertains to Pregnant and Migrant Workers will "start" only when the client has met with a staff member "face to face."
- A client will be deemed as served out of compliance if the Appointment Date less the Date_Created on the Precertification record is greater than 10 calendar days for Pregnant and Migrant Workers or if the value is greater than 20 days for all other client categories.
- If a Client was previously enrolled in WIC, and she is receiving a Recertification service because she is pregnant again, she won't show on this report.

Data Current As Of: Run Time

Frequency: On Demand

Role(s):

Role Name	View Only
REPORTS	N
VIEWER	Y
SA_OPERATIONS	N
SA_VIEWER_1	Y

AZ_DEVELOPER   N
SUPERINTENDENT   N
SYSADM   N
APPT_SCHEDULER   N

Section 2 - 4.3.29.1   : Precertified New Enrollments Parameter Form

Figure 306 – Precertified New Enrollments Form

Fields
Output Device - The user may select from a drop down list: Preview, Screen, Printer, HTML, RTF, or PDF
Filename - If outputting to a file, the directory and filename are entered.
Number of Copies - If printer is selected (above) the number of copies desired is entered.
Summary/Detail – Clicking on the list of values allows the user to generate a report for either the Summary and Detail or just the Summary Level.
Report Type - Clicking on the list of values button allows the user to generate a report for all Clinics or a single Clinic. The user selectable values in this list are stored in a pre-programmed domain. The values stored in this domain are: CLINIC and ALL CLINICS.
Clinic - Clicking on the list of values button allows the user to select a Clinic to query on. For more information, please refer to the Organizational Units window in Operations Management. If CLINIC is selected in the Report Type field, then this field is used and is mandatory. If ALL CLINICS is selected, this field isn't used.
Dates From - The user may enter the earliest date that the report will select records on.
Thru - The user may enter the latest date that the report will select records on.

Push Button(s)
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button cancels the report execution / viewing.

Section 2 - 4.3.29.2   : Precertified New Enrollments Form

Report Name: AR_PRECERT_NEW_ENROLL   Report No: AS1101
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Precertified New Enrollments Report
From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XXXX   XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXX

Pregnant / Migrant

Participant Name	Category	Alias	Rescheduled	Days Out of Compliance	Walk-in/Phone
XXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Walk-in
XXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Phone
XXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Phone

Pregnant / Migrant Totals: ZZZ9

All Others

Participant Name	Category	Alias	Rescheduled	Days Out of Compliance	Walk-in/Phone
XXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Walk-in
XXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Phone

All Others Totals: ZZZ9

Walk-in

Totals for reporting period: MM/DD/YYYY thru MM/DD/YYYY	Total	# Sched. Outside Processing Standards	% Sched. Outside Processing Standards
# of new certs.:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for Pregnant/Migrant participants:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for All Other participants:	ZZZZZ9	ZZZZZ9	ZZ9%

Phone

Totals for reporting period: MM/DD/YYYY thru MM/DD/YYYY	Total	# Sched. Outside Processing Standards	% Sched. Outside Processing Standards
# of new certs.:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for Pregnant/Migrant participants:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for All Other participants:	ZZZZZ9	ZZZZZ9	ZZ9%

Figure 307 - New Enrollment Wait Time Report

Sort Criteria (Major to Minor):

Organizational Unit Code (Ascending)
Rescheduled (N)
Participant Last Name (Ascending)
Participant First Name (Ascending)
Rescheduled (Y)
Participant Last Name (Ascending)
Participant First Name (Ascending)

Calculations:

Pregnant / Migrant Totals - SUM of # of Participants in Pregnant/Migrant section of report.
All Others Totals - SUM of # of Participants in All Others section of report.
Days out of Compliance (Pregnant/Migrant) - DIFFERENCE of Date of Participant's first
    appointment minus (the Participant's application date plus 10)
Days out of Compliance (All Others) - DIFFERENCE of Date of Participant's first appointment
    minus (the Participant's application date plus 20)

Totals for reporting period
# of new certs.
    Total COUNT of Participant IDs which have a Certification Start Date within the From and
    Thru dates
    # Sched. Outside Processing Standards SUM of Pregnant / Migrant Totals field + All
    Others Totals field
    % Sched. Outside Processing Standards Result of: (# of new certs. scheduled outside
    processing standards divided by total # of new certs.) * 100

# of new certs. For Pregnant / Migrant Participants
    Total COUNT of Participant IDs which have a Certification Start Date within the From and
    Thru dates and are in the pregnant or migrant categories
    # Sched. Outside Processing Standards SUM of # of Participants in Pregnant/Migrant
    section of report
   % Sched. Outside Processing Standards Result of: (# of new certs. for Pregnant / Migrant
    Participants sched. outside processing standards divided by total # of new certs. for Pregnant
    divided by Migrant Participants) * 100

# of new certs. For All Other Participants
    Total COUNT of Participant IDs which have a Certification Start Date within the From and
    Thru dates and are not in the pregnant or migrant categories
    # Sched. Outside Processing Standards SUM of Participants in All Others section of report
    % Sched. Outside Processing Standards Result of : (# of new certs. for all other Participants
    scheduled outside processing standards divided by total # of new certs. for all other
    Participants) * 100

Background Processes:

The Clinics available for selection by the user on the Parameter Form are based upon the Local
Agency and Clinic codes entered by the user in the Arizona WIC -[Log On] screen.

Section 2 - 4.3.29.3

Enrollment and Certification

Section 2 - 4.3.30   : Ineligibility Listing

Priority: Required

Window: Ineligibility Listing Initiation Window

Report: Yes

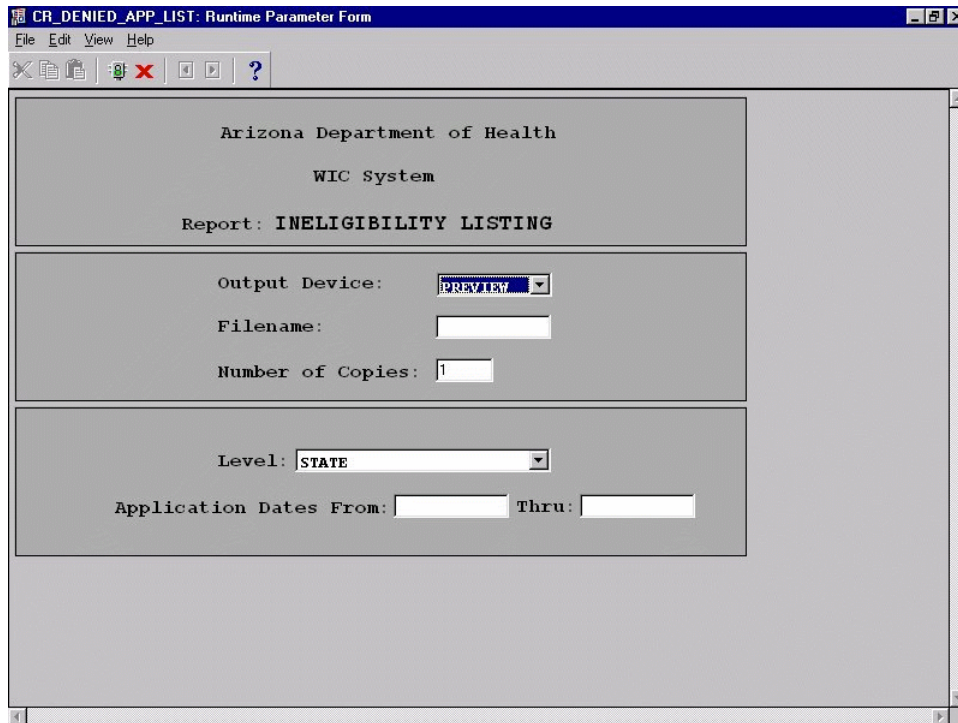**FSRD Reference:** EP9.4, PP16.2

Narrative:

This Window provides information by clinic of the applicants who were denied certification.

Criteria (Major to Minor):
        ORGANIZATIONAL UNIT ORG CODE (ASC)
        CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.30.1   : Ineligibility Listing Criteria

Figure 308 - Ineligibility Listing Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The level of reporting. State/local or local/clinic are available. This field is required.
Application Dates From/Thru - The date range that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.30.2   : Ineligibility Listing Report

Arizona WIC / CSFP Program
INELIGIBLILITY LISTING
Application Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Report No: CR2410
Page: ZZZ9

Local Agency: Z9   XXXXXXXXXX

Clinic: Z9   XXXXXXXXXXXX

WIC

Client Id:	Name:		Denial Date	Denial Reason:
ZZZZZZZZ9	XXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX		MM/DD/YYYY	XXXXXXXXXX XXXXXXXX XXXXX
ZZZZZZZZ9	XXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX		MM/DD/YYYY	XXXXXXXXXX XXXXXXXX XXXXX
ZZZZZZZZ9	XXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX		MM/DD/YYYY	XXXXXXXXXX XXXXXXXX XXXXX

Clinic Totals:	Denial Reasons	Count:
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z
	Total:	Z9

CSFP

Participant Id:	Name:		Denial Date	Denial Reason:
ZZZZZZZZ9	XXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX		MM/DD/YYYY	XXXXXXXXXX XXXXXXXX XXXXX
ZZZZZZZZ9	XXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX		MM/DD/YYYY	XXXXXXXXXX XXXXXXXX XXXXX

Clinic Totals:	Denial Reasons	Count:
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z
	Total:	Z9

Figure 309 - Ineligibility Listing Report

Section 2 - 4.3.30.3   : Ineligibility Listing Summary Report

Arizona WIC / CSFP Program   Page: ZZZ9
Report Date: MM/DD/YYYY   INELIGIBLILITY LISTING
                                  Application Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                    Summary

State Agency: Z9   XXXXXXXXXX

WIC

    <u>Denial Reasons</u>   <u>Count:</u>

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   ZZ9

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   ZZ9

                                    Total: ZZZ9

CSFP

    <u>Denial Reasons</u>   <u>Count:</u>

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   ZZ9

    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   ZZ9

                                    Total: ZZZ9

Figure 310 - Ineligibility Listing Summary Report

Calculations

Count (Clinic) - Count(denied applicants by clinic by reason)
Count (Agency) - Count(denied applicants by agency by reason)

Background Processes

The denial reasons listed in this report are driven from the termination reasons table.

Enrollment and Certification

Section 2 - 4.3.31   : Income Eligibility

Priority: Required

Window: Income Eligibility

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window produces statistical information by clinic about Participants' and applicants'
income eligibility by participant.

Sort Criteria (Major to Minor):
> ORGANIZATIONAL UNIT ORG CODE (ASC)
> FAMILY SIZE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.31.1   : Income Eligibility Criteria

Figure 311 - Income Eligibility Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The level of reporting. State/local or local/clinic are available. This field is required.
Application Dates From/Thru - The date range that the report will select records on. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.31.2 : Income Eligibility Report

Report Name: XXXXXXXXX   **Arizona WIC / CSF Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   INCOME ELIGIBILITY
                                        Application Dates From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                      Local / Clinic

Local Agency: Z9   XXXXXXXXXXXXXXXXXXXXXXX   Clinic: Z9   XXXXXXXXXXXXXXXXXXXXXXXXXXXX

WIC

Family Size	Monthly Income	0-50%	51-100%	101-120%	121-130%	131-150%	151-170%	171-180%	181-185%	Total Income	Adj. Eligible
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
WIC Total:		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZZ

CSF

Women & Children:

Family Size	Monthly Income	0-50%	51-100%	101-120%	121-130%	131-150%	151-170%	171-180%	181-185%	Total Income	Adj. Eligible
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
Subtotal:		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZZ

Elderly:

Family Size	Monthly Income	0-50%	51-100%	101-120%	121-130%	131-150%	151-170%	171-180%	181-185%	Total Income	Adj. Eligible
Z	$Z,ZZ9	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZ
Subtotal:		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZZ
CSF Total:		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZZ
WIC & CSF Grand Total:		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	Z,ZZZ,ZZ9	ZZZ

Figure 312 - Income Eligibility Report

Fields

Participants - The number of participants of the family size within the local agency and income poverty percentage range.
Adjunct Eligibility - The number of participants of the family size within the local agency and income range that possess adjunct eligibility.
Total Income - Total income for family size.
WIC Total - The number of WIC participants of all family sizes within the local agency and income poverty percentage range.
CSF Total - The number of CSF participants of all family sizes within the local agency and income poverty percentage range.
WIC & CSF Total - The number of WIC and CSF participants of all family sizes within the local agency and income poverty percentage range.

Background Processes

None

Calculations

None

Enrollment and Certification

Section 2 - 4.3.32   : Incomplete/Precertification Listing

Priority: Required

Window: Incomplete/Precertification Listing Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window provides information regarding applicants who are in a "pending" status. Pending refers to the fact that a certification event has been started and not completed for these applicants. This most often occurs for Participants who are pre-certified using a phone call interview with clinic staff.

Sort Criteria (Major to Minor):
　　　ORGANIZATIONAL UNIT ORG CODE (ASC)
　　　CLIENT APPLICATION DATE (ASC)
　　　CATEGORY (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.32.1   : Incomplete / Precertification Listing Criteria

Figure 313 - Incomplete / Precertification Listing Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - The type of reporting to be done. Available choices are state/local, state, local/clinic level. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.32.2   Incomplete / Precertification Listing Report

Report Date: MM/DD/YYYY   **Arizona WIC Program**   Page: ZZZ9
Incomplete / Precertification Listing
(Report Level)

Local Agency: XX XXXXXXXXXX   Clinic: XX XXXXXXXXXX

Category: XXX XXXXXXXXXXXXXXX

Client ID	Name	Contact Date
XXXXXXX	XXXXXXX XXXXXXXX	MM/DD/YYYY
XXXXXXX	XXXXXXX XXXXXXXX	MM/DD/YYYY
XXXXXXX	XXXXXXX XXXXXXXX	MM/DD/YYYY

Category: XXX XXXXXXXXXXXXXXXXX   Totals: ZZZ,ZZ9

Clinic: XX XXXXXXXXXXXXXXXX   Totals: ZZZ,ZZ9

Figure 314 - Incomplete / Precertification Listing Report

Section 2 - 4.3.32.3   : Incomplete / Precertification Listing Summary

Report Date: MM/DD/YYYY   **Arizona WIC Program**   Page: ZZZ9

Incomplete / Precertification Listing
Summary

State Agency: XX XXXXXXXXXX   Local Agency: XX XXXXXXXXXX

Category: XXX XXXXXXXXXXXXXXXXX   Totals: ZZZ,ZZ9

Local Agency: XX XXXXXXXXXXXXXXXX   Totals: ZZZ,ZZ9

Figure 315 - Incomplete / Precertification Listing Summary

Calculations

Totals (Category) - Count(precertified enrollees by category and clinic)
Totals (Clinic) - Count(precertified enrollees by clinic)

Summary Report
Totals (Category) - Count(precertified enrollees by category and local agency)
Totals (Local Agency) - Count(precertified enrollees by local agency)

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.33   : Referrals To Listing

Priority: Required

Window: Referrals To Listing Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window provides information by local agency of Participants who were referred to programs and outreach organizations. Depending upon how programs and outreach organizations are structured, program and outreach organizations may have the same name. This is particularly true of small, local programs.
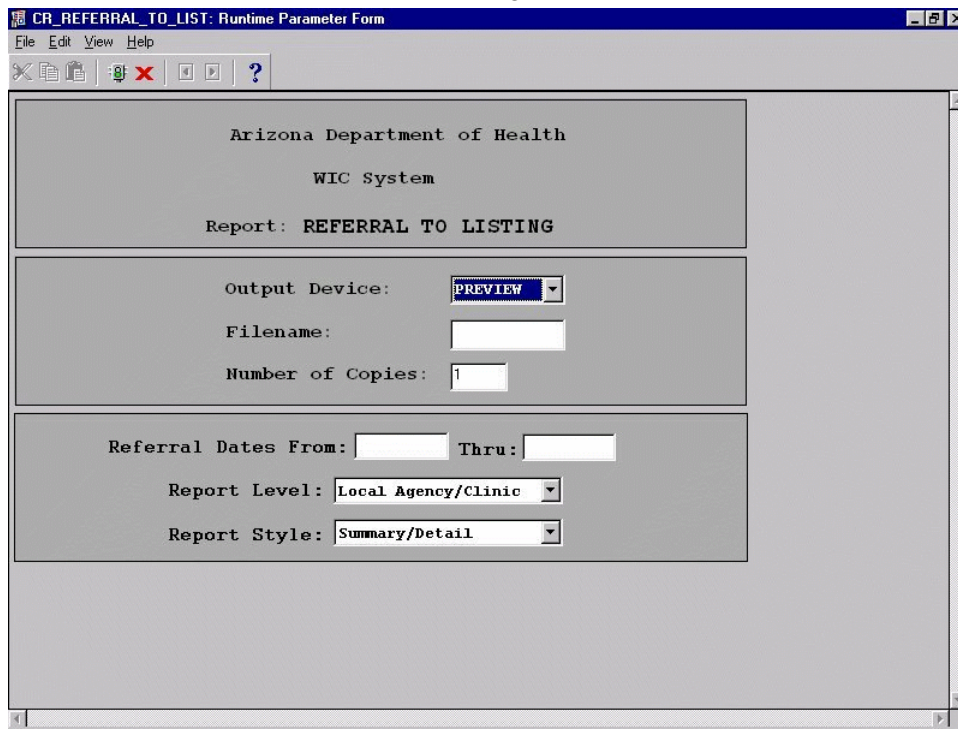
Sort Criteria (Major to Minor):
     ORGANIZATIONAL UNIT ORG CODE (ASC)
     OUTREACH ORGANIZATION ID (ASC)
     PROGRAM ID (ASC)
     CLIENT ID (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.33.1   : Referrals To Listing Criteria

Figure 316 - Referrals To Listing Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Referral Dates From/Thru - The date range for the search at. This field is required.
Report Level - Local Agency/Clinic, State/Local Agency, State only. This field is required.
Report Style - Summary or Detail and Summary. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.33.2   : Referrals To Listing Report

Report Name: XXXXXXXXXX   Arizona WIC Program   Page: ZZZ9
Report Date: MM/DD/YYYY   Referral to Listing
                                              (Report Level)
                           Date From MM/DD/YYYY Thru MM/DD/YYYY

Local Agency: XX XXXXXXXXXX   Clinic: XX XXXXXXXXXX

     Outreach Organization: XXX XXXXXXXXXX

     Program: XXX XXXXXXXXXX

        Client ID   Name   Referral Date
     XXXXXXXXX   XXXXXXXXXXXXX   MM/DD/YYYY
                      XXXXXXXXXXXXX
     XXXXXXXXX   XXXXXXXXXXXX   MM/DD/YYYY
                      XXXXXXXXXXXXX
     XXXXXXXXX   XXXXXXXXXXXX   MM/DD/YYYY
                      XXXXXXXXXXXXX

        Program: XXX XXXXXXXXXX   Totals: ZZ,ZZ9

        Outreach Organization: XXX XXXXXXXXXXTotals: ZZ,ZZ9

        Clinic: XX XXXXXXXXXX   Totals: ZZ,ZZ9

        Local Agency: XX XXXXXXXXXXTotals: ZZ,ZZ9

Figure 317 - Referrals To Listing Report

Section 2 - 4.3.33.3   : Referrals To Listing Summary Report

Report Date: MM/DD/YYYY   Ar izona WIC Program   Page: ZZZ9
                                                   Referral to Listing
                                                        Summary

                                   Date From MM/DD/YYYY Thru MM/DD/YYYY

State Agency: XX XXXXXXXXXX

        Program: XXX XXXXXXXXXX   Totals: ZZ,ZZ9

        Outreach Organization: XXX XXXXXXXXXX   Totals: ZZ,ZZ9

        State Agency: XX XXXXXXXXXX   Totals: ZZ,ZZ9

Figure 318 - Referrals To Listing Summary Report

Calculations

Totals (Program) -Count(Referrals by Program)
Totals (Outreach Organization) -Count(Referrals by Outreach Organization)
Totals (Clinic) -Count(Referrals by Clinic)
Totals (Local Agency) -Count(Referrals by Local Agency)
Totals (State) -Count(Referrals by State)

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.34   : Local Agency Wait Listed Applicants

Priority: Required

Window: Local Agency Wait Listed Applicants Initiation Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative:

This Window provides information for local agencies about Participants who have been wait listed. This includes category and priority information as well as the date and method of how the Participant was notified.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL CODE (ASC)
    PRIORITY (ASC)
    DATE PLACED ON WAIT LIST (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.34.1   : Local Agency Wait Listed Applicants Criteria

Figure 319 - Local Agency Wait Listed Applicants Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

Program - WIC or CSF. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.34.2 : Local Agency Wait Listed Applicants Report

Report Date: MM/DD/YYYY   **Arizona WIC Program**   Page: ZZZ9
                                                (WIC/CSF) Local Agency Wait Listed Applicants
                                                             (Report Level)

Local Agency: XX XXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXX

Priority: ZZ

| | | | | | | Notification Method | | | | |
Date Placed on Wait List	Client ID	Name (Last , First)	Address	Phone Type	Phone Number	Mail (Y/N)	Phone (Y/N)	Expected Category	Need Diet Assessment	Contact Date
MM/DD/YYYY	XXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	(XXX) XXX-XXXX	X	X	XXX	X	MM/DD/YYYY
			XXXXXXXXXXXX	XXXXXXXXXX	(XXX) XXX-XXXX					MM/DD/YYYY
			XXXXXXXXXXXX							MM/DD/YYYY
			XXXXXXX							
			XX XXXXX-XXXX							

Figure 320 - Local Agency Wait Listed Applicants Report

Section 2 - 4.3.34.3   Local Agency Wait Listed Applicants Summary Report

Report Date: MM/DD/YYYY   **Arizona WIC Program**   Page: ZZZ9
                              (WIC/CSF) Local Agency Wait Listed Applicants
                                              Summary

Local Agency: XX XXXXXXXX

Priority: ZZ

| | Number Wait | Need Diet |
Expected Category	Listed	Assessment
XXX	ZZZ,ZZ9	ZZ,ZZ9
Totals:	ZZZ,ZZ9	ZZZ,ZZ9

Figure 321 - Local Agency Wait Listed Applicants Summary Report

Calculations

Number Wait Listed - Count(Wait Listed applicants by category, priority and Local Agency)
Need Diet Assessment- Count(Wait Listed applicants by category, priority and Local Agency without a dietary assessment)
Totals (Number Wait Listed) - Count(Wait Listed applicants by Local Agency)
Totals (Need Diet Assessment) - Count(Wait Listed applicants by Local Agency without a dietary assessment)

Background Processes

The title of the report changes to include the name of the program selected in the 'Program' parameter on the criteria screen.

Enrollment and Certification

Section 2 - 4.3.35   : Improvement Rate at Re-Certification Visit by Risk

Priority: Required

Window: Improvement Rate at Re-Certification Visit by Risk Window

Report: Yes

FSRD Reference: EP9.4, PP16.2

Narrative: This report replaces the 'Improvement Rate at Evaluation Visit by Risk' report. This window provides information on the number and percentage of participants who improved, based on certain risk factors, at their re-certification visit.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT ORG CODE (ASC)
    CATEGORY (ASC)
    CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.35.1   : Improvement Rate at Re-Certification Visit by Risk Criteria

Figure 322 - Improvement Rate at Re-Certification Visit by Risk Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Visit Date From/Thru - The date range the report will be generated for. This field is required.
Report Level - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.
Report - The improvement rate report to generate. The available options are Women, Infants/Children. This field is required.

Button(s)
Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.35.2   : Improvement Rate at Re-Certification Visit by Risk Report

Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

<div align="center">

Arizona WIC Program
Improvement Rate At Re-certification by Risk
Issue Month From: MM/DD/YYYY   Thru: MM/DD/YYYY
(Report Level)
(Report)

</div>

Local Agency: XX XXXXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXXXXXXXX

Number of Records pulled: XXXX   Status at Re-certification

Risk	Initially At Risk		No Improvement		Improved No Longer at Risk		Newly at Risk Acquired Risk		Newly at Risk Acquired Risk	
	#	%	#	%	#	%	#	%	#	%
ANEMIA	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
OVERWEIGHT	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
SHORT STATURE	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
UNDERWEIGHT	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
OTHER RISKS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL NUMBER OF RISKS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

Figure 323 - Improvement Rate at Re-Certification Visit by Risk Report

Calculations

Initially Positive - Total number and percent of participants found to have the risk at the initial visit.
At Re-cert - No Improvement - Total number and percent of participants found to have the risk at the re-certification visit.
At Re-cert - Some Improvement - Total number and percent of participants found to still have the risk at the re-certification visit, but have shown improvement.
At Re-cert - Improved/No Longer at Risk - Total number and percent of participants that no longer have the risk.
At Re-cert - Newly at Risk - Total number and percent of participants that did not have the risk at their initial assessment, but now do.
Totals - Column totals.

Other Risks - This category includes all risks that were assigned to participants within the designated time period of the report except for the following risks: anemia, overweight, short stature, and underweight.

Background Processes

This report reports on only participants that have at least 2 certification periods with their second certification visit during the date range entered. For all risks except anemia, the medical data entered at their first visit is compared to that entered at their last visit. For anemia the last two visits are compared.

Enrollment and Certification

Section 2 - 4.3.36   : CSFP Distribution Master Listing

Priority: Required

Window: CSFP Distribution Master Listing Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window produces the CSFP distribution list for a particular month and issue site. This report is sent to the issue sites where it is used to log food box pickups.

Sort Criteria (Major to Minor):
      CATEGORY (ASC)
      LAST NAME (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.36.1   : CSFP Distribution Master Listing Criteria

Figure 324 - CSFP Distribution Master Listing Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Month - Limits the selection of records to participants that are to be issued Food Boxes during the month selected. This field is required.

Issue Site - Limits the selection of records to participants that are to be issued Food Boxes at this site. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.36.2   : CSFP Distribution Master Listing Report

Food Plus / CSFP Distribution Master List
XXXXXXXXXXXXXXXXXX
MM/YYYY

Issue Site:	XX XXXXXXXXXXXXXXXXXXXXXXXX	Category:	XX XXXXXXXXXXXXXXXXXXX

Box Sticker	Last Name	First Name	DOB	ID#	Race	Phone No.	Cert End Date	Comments
	XXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXX	99/99/9999	99999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXX	99/99/9999	99999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXX	99/99/9999	99999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXX	99/99/9999	99999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXX	99/99/9999	99999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXX	99/99/9999	99999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	

Figure 325 - CSFP Distribution Master Listing Report

Section 2 - 4.3.36.3 **:** CSFP Distribution Write In Sheet

Food Plus / CSFP Distribution Write In Sheet
XXXXXXXXXXXXXXXXXXXXX
MM/YYYY

Issue Site: XX   XXXXXXXXXXXXXXXXXXXXX

Box Sticker	Last Name	First Name	DOB	ID#	Race	Phone No.	Date Cert. Ends	Signature / Date

Figure 326 - CSFP Distribution Write In Sheet

Enrollment and Certification

Section 2 - 4.3.37   : Follow-Up Assessment

Priority: Required

Window: Follow-Up Assessment Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides follow up assessment information by race and age. The window displays counts and percentages of infant and children participants with risks for Short Stature, Hemoglobin, Overweight, and Underweight.

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.37.1   : Follow-up Assessment Criteria

Figure 327 - Follow-up Assessment Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Visit Date From/Thru - The date range the report will be generated for. This field is required.
Report Level - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, and State. This field is required.
Report - List of values box that allows user to select report type: Short Stature, Overweight, Underweight, or Hemoglobin.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report

Section 2 - 4.3.37.2   : Follow-Up Assessment - Short Stature Report

Report Name: CR_FOLLOW_UP_ASSESS   **Arizona WIC Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   **Follow-Up Assessment - Short Stature**
                                                  Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                          (Report Level)

********* WIC ENROLLED *********

Local Agency: XX XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXX

Age of Participant		Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved	Age of Participant		Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved
			NO.	PCT.	NO.	PCT					NO.	PCT.	NO.	PCT.	
------ White Not Hispanic ------								---- Black Not Hispanic ----							
0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX	0-5	Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX
	Total	XXX	XXX	XXX	XXX	XXX	XXX		Total	XXX	XXX	XXX	XXX	XXX	XXX
----- Native American -----								---- Hispanic ----							
0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX	0-5	Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX
	Total	XXX	XXX	XXX	XXX	XXX	XXX		Total	XXX	XXX	XXX	XXX	XXX	XXX
------ Other Ethnic Groups ------								---- Total ----							
0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XX
24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XX
	Total	XXX	XXX	XXX	XXX	XXX	XXX		Total	XXX	XXX	XXX	XXX	XXX	XXX

Figure 328 - Follow-Up Assessment - Short Stature Report

Section 2 - 4.3.37.3   : Follow-Up Assessment - Hemoglobin Report

Report Name: CR_FOLLOW_UP_ASSESS   **Arizona WIC Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   **Follow-Up Assessment - Hemoglobin**
                                                 Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                               (Report Level)

********* WIC ENROLLED *********

Local Agency: XX XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXXX

Age of Participant		Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved	Age of Participant		Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved
			NO.	PCT.	NO.	PCT					NO.	PCT.	NO.	PCT.	
------ White Not Hispanic ------								---- Black Not Hispanic ----							
0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX	12 -23	Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX
	Total	XXX	XXX	XXX	XXX	XXX	XXX		Total	XXX	XXX	XXX	XXX	XXX	XXX
----- Native American -----								---- Hispanic ----							
0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX
12 -23	Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX
	Total	XXX	XXX	XXX	XXX	XXX	XXX		Total	XXX	XXX	XXX	XXX	XXX	XXX
------ Other Ethnic Groups ------								---- Total ----							
0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5	Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11	Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23	Months	XXX	XXX	XXX	XXX	XXX	XX
24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60	Months	XXX	XXX	XXX	XXX	XXX	XX
	Total	XXX	XXX	XXX	XXX	XXX	XXX		Total	XXX	XXX	XXX	XXX	XXX	XXX

Figure 329 - Follow-Up Assessment - Hemoglobin Report

Section 2 - 4.3.37.4   : Follow-Up Assessment - Overweight Report

Report Name: CR_FOLLOW_UP_ASSESS   **Arizona WIC Program**   Page: ZZZ9
Report Date: MM/DD/YYYY   **Follow-Up Assessment - Overweight**
                                          Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                          (Report Level)

Local Agency: XX XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXX

Age of Participant	Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved	Age of Participant	Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved
		NO.	PCT.	NO.	PCT				NO.	PCT.	NO.	PCT.	
------ White Not Hispanic ------							---- Black Not Hispanic ----						
0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX
Total	XXX	XXX	XXX	XXX	XXX	XXX	Total	XXX	XXX	XXX	XXX	XXX	XXX
----- Native American -----							---- Hispanic ----						
0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX
Total	XXX	XXX	XXX	XXX	XXX	XXX	Total	XXX	XXX	XXX	XXX	XXX	XXX
------ Other Ethnic Groups ------							---- Total ----						
0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XX
Total	XXX	XXX	XXX	XXX	XXX	XXX	Total	XXX	XXX	XXX	XXX	XXX	XXX

Figure 330 - Follow-Up Assessment - Overweight Report

Section 2 - 4.3.37.5 : Follow-Up Assessment - Underweight Report

Report Name: CR_FOLLOW_UP_ASSESS   **Arizona WIC Program**   Page: ZZZ9

Report Date: MM/DD/YYYY   **Follow-Up Assessment - Underweight**

Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY

(Report Level)

Local Agency: XX XXXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXXXXX

Age of Participant	Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved	Age of Participant	Numb Eval	Previous Prevalence		Current Risk		% At Prev Risk Who Improved
		NO.	PCT.	NO.	PCT				NO.	PCT.	NO.	PCT.	
------ White Not Hispanic ------							---- Black Not Hispanic ----						
0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX
12-23 Months	XXX	XXX	XXX	XXX	XXX	XXX	12-23 Months	XXX	XXX	XXX	XXX	XXX	XXX
24-60 Months	XXX	XXX	XXX	XXX	XXX	XXX	24-60 Months	XXX	XXX	XXX	XXX	XXX	XXX
Total	XXX	XXX	XXX	XXX	XXX	XXX	Total	XXX	XXX	XXX	XXX	XXX	XXX
------ Native American ------							---- Hispanic ----						
0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX
Total	XXX	XXX	XXX	XXX	XXX	XXX	Total	XXX	XXX	XXX	XXX	XXX	XXX
------ Other Ethnic Groups ------							---- Total ----						
0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX	0 - 5 Months	XXX	XXX	XXX	XXX	XXX	XXX
6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX	6 - 11 Months	XXX	XXX	XXX	XXX	XXX	XXX
12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX	12 - 23 Months	XXX	XXX	XXX	XXX	XXX	XXX
24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XXX	24 - 60 Months	XXX	XXX	XXX	XXX	XXX	XX
Total	XXX	XXX	XXX	XXX	XXX	XXX	Total	XXX	XXX	XXX	XXX	XXX	XXX

Figure 331 - Follow-Up Assessment - Underweight Report

Calculations

Number Evaluated - Total number of participants within the race with at least 2 certification periods and the latest cert period is within the date range of the report.
Previous Prevalence # and % - Total number and percent of participants evaluated found to have the risk at their initial certification.
Current Risk # and % - Total number and percent of participants evaluated found to have the risk at their re-certification visit.
Percent at Previous Risk who Improved - Total percent of participants found to have the risk at the earliest visit the risk was identified who showed improvement at their latest certification visit.
    ((# no longer at Risk at latest cert / # at Risk at a previous cert) x 100).
Totals - Column totals.

Background Processes

This report reports on infant and children participants that have at least 2 certification periods with their second certification visit during the date range entered. For the previous prevalence and current risk columns, all risks except hemoglobin, the report compares the medical data entered at their first visit to that entered at their latest visit. For hemoglobin the last two visits are compared. For Percent at Previous Risk who Improved column, improved means no longer at risk. The report compares the medical data entered at the earliest date the risk was identified to the latest certification in the date range entered.

Enrollment and Certification

Section 2 - 4.3.38   : CSFP Certifications Due

Priority: Required

Window: CSFP Certifications Due Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on CSFP Participants who are due to be recertified.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT ORG CODE (ASC)
      CATEGORY (ASC)
      CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.38.1   : CSFP Certifications Due Criteria

Figure 332 - CSFP Certifications Due Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

End Cert Date From/Thru - The date range to use to select re-certification records for the report. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.38.2   CSFP Certifications Due Report

Report Date: MM/DD/YYYY   Page: ZZZ9

Report #

Arizona WIC Program
CSFP Certifications Due
End Certification Date From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXX

Clinic: XX XXXXXXXXXXXX

Name	Participant ID	Certification End Date	Category
XXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX	MM/DD/YYYY	XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX	MM/DD/YYYY	XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX	MM/DD/YYYY	XXXXXXXXXX

Totals: XXXXX

Clinic: XX XXXXXXXXXXXX

Name	Participant ID	Certification End Date	Category
XXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX	MM/DD/YYYY	XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX	MM/DD/YYYY	XXXXXXXXXX
XXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXX	MM/DD/YYYY	XXXXXXXXXX

Totals: XXXXX

Figure 333 - CSFP Certifications Due Report

Calculations

Clinic Totals - Count(CSFP Participants due to by Certified)

Background Processes

This report is produced by the end of day process six weeks prior to the end of each month. and lists all CSFP participants that are due for re-certification.

Enrollment and Certification

Section 2 - 4.3.39   : Low Birth Weight

Priority: Required

Window: Low Birth Weight Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on low birth weight and when women enrolled in WIC. A count of infants, including all infants in a multiple birth, born at low birth weight, very low birth weight, and normal birth weight to mothers that have enrolled in the WIC program at 0 - 28 weeks, greater than 28 weeks and at unknown weeks gestation. The data is presented by local agency, clinic, weeks of gestation and birth weight category.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT ORG CODE (ASC)
      CATEGORY (ASC)
      CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.39.1   : Low Birth Weight Criteria

Figure 334 - Low Birth Weight Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Dates From/Thru - The date range of birth dates for the search. This field is required.

Report Level- List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.39.2   : Low Birth Weight Report

Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

Arizona WIC Program
Low Birth Weight
(Report Level)
Dates From:MM/DD/YYYY To: MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXXXXX   Clinic: XX XXXXXXXXXXXXXX

Live Births To Women Enrolled in WIC

Birth Weight Category	Women At 0 - 28 Weeks Gestation			Women At > 28 Weeks Gestation			Women At Unknown WKS Gestation			All Live Births		
	# Born	% (Column)	% (Row)	# Born	% (Column)	% (Row)	# Born	% (Column)	% (Row)	# Born	% (Column)	% (Row)
Low Birth Weight (LBW) # 2500 GM or # 5 LB 8 OZ	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Very Low Birth Weight (VLBW) # 1500 GM or # 3 LB 5 OZ	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Normal Birth Weight > 5 LB 8 OZ	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
TOTAL:	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

Figure 335 - Low Birth Weight Report

Calculation(s)

Rows

 # Born - Count of infants born in the birth weight category and to mothers that enrolled in WIC during the weeks specified, accumulated for the date range entered on the criteria screen.
%(Column) - The percentage of infants in the birth weight category compared to infants in all birth weight categories. (# Born in the birth weight category for the WIC enrolled time / # Born across all three birth weight categories for the same WIC enrolled time)
%(Row) - The percentage of infants in the birth weight category compared to infants in the same birth weight category across all time periods for enrolling in WIC. (# Born in the birth weight category for the enrolled time / # Born across for the same birth weight category for all WIC enrolled times)

Column Totals

Total(# Born) - Count of infants born in all of the birth weight categories with mothers that enrolled in WIC during the weeks specified.
Total(%(Column)) - The percentage of infants in all of the birth weight categories with mothers that enrolled in WIC during the weeks specified compared to infants in all birth weight categories with mothers that enrolled in WIC across all time periods. (# Born in the birth weight category for the WIC enrolled time / # Born across all three birth weight categories for the all WIC enrollment time periods)
Total(%(Row)) - The same calculation as Total(%(Column)).

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.39.3   Nutritional Risk Summary

Priority: Required

Window: Nutritional Risk Summary Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on nutritional risks by clinic.

Sort Criteria (Major to Minor):
        ORGANIZATIONAL UNIT ORG CODE (ASC)
        CATEGORY (ASC)
        CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.39.4   : Nutritional Risk Summary Criteria

Figure 336 - Nutritional Risk Summary Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.
Visit Date From/Thru - The date range the report will be generated for. This field is required.
Report Level - The organization level the report will be generated for. The available options are Local Agency or State. This field is required.
Report - The Nutritional Risk report to generate. The available options are Women, Infants/Children, All. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.39.5 : Nutritional Risk Summary Report

Report Name: CR_NUTR_RISK_BY_CAT   Report No: CR2415
Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

Arizona WIC Program
Nutritional Risks by Category
Summary
Issue Dates From: MM/DD/YYYY   Thru: MM/DD/YYYY

State Agency: XX XXXXXXXXXXXXXXXX

WOMEN

Nutrition Risk Type	Pregnant		Postpartum		Excl. Breastfeeding		Partial Breastfeeding		Total
XXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9

Nutritional Risk Factor	Number	%	Number	%	Number	%	Number	%	
XXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9

INFANTS

Nutrition Risk Type	Infant, Formula Fed		Infant, Partial Breastfeeding		Infant, Excl. Breastfeeding		Total
XXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9 ZZ9.99%		ZZ,ZZ9

Nutritional Risk Factor	Number	%	Number	%	Number	%	
XXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9

CHILDREN

Nutrition Risk Type	Age 1		Age 2		Age 3		Age 4		Total
XXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9

Nutritional Risk Factor	Number	%	Number	%	Number	%	Number	%	
XXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9

TOTAL

Nutrition Risk Type	Women		Infants		Children		Total
XXXXXXXXXX	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9	ZZ9.99%	ZZ,ZZ9

Nutritional Risk Factor	Number	%	Number	%	Number	%	
XXXXXXXXXXXXXXX	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9	ZZ9.99	ZZ,ZZ9

Figure 337 - Nutritional Risk Summary Report

Calculations

Screen Anemia # - Number of participants evaluated for anemia.
% at Risk % (Anemia) - Percent of evaluated participants found to be at risk for anemia.
Screen Underweight # - Number of participants evaluated for underweight.
% at Risk % (Underweight) - Percent of evaluated participants found to be at risk for underweight.
Screen short stature # - Number of participants evaluated for short stature.
% at Risk % (Short Stature) - Percent of evaluated participants found to be at risk for short stature.
Screen Overweight > 17 yrs # - Number of participants over the age of 17 evaluated for overweight.
% at Risk % (Overweight) - Percent of evaluated participants over the age of 17 found to be at risk for overweight.
Screen Overweight <= 17 yrs # - Number of participants 17 or younger evaluated for overweight.
% at Risk % (Overweight) - Percent of participants 17 or younger evaluated and found to be at risk for overweight.
Total (Screen Anemia #)- Sum(Screen Anemia # column)
Total (Anemia % at Risk %) - ((Number of Participants found to have Anemia) / Total (Screen Anemia #)) x 100
Total (Screen Underweight #)- Sum(Screen Underweight # column)
Total (Underweight % at Risk %) - ((Number of Participants found to be underweight) / Total (Screen Underweight #)) x 100
Total (Screen Short Stature #)- Sum(Screen Short Stature # column)
Total (Short Stature % at Risk %) - ((Number of Participants found to be at risk for short stature) / Total (Screen Short Stature #)) x 100
Total (Screen Overweight > 17 #)- Sum(Screen Overweight > 17 YRS # column)
Total (Overweight > 17 % at Risk %) - ((Number of Participants over 17 found to be at risk for overweight) / Total (Screen Overweight > 17 #)) x 100
Total (Screen Overweight <= 17 #)- Sum(Screen Overweight <= 17 YRS # column)
Total (Overweight <= 17 % at Risk %) - ((Number of Participants 17 or under found to be at risk for overweight) / Total (Screen Overweight <= 17 #)) x 100

Background Processes

This report queries participant visits that include the collection of anthropometric measurements. The Short stature column is recorded as 0 for women, for the 'All' report Short stature includes only infants/children data.
Participants are counted in this report if they have been assigned the indicated risk factor, for example participants in the overweight column are counted if they have the overweight risk factor. The overweight risk factor is base table driven and assigned based on the entries in the Desirable Weight for Women window.

Enrollment and Certification

Section 2 - 4.3.40   : Nutritional Risk By Race

Priority: Required

Window: Nutritional Risk By Race Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on Participants with nutritional risks by race. This report replaces the Nutritional Risk by Ethnic Group (H15651) report.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT ORG CODE (ASC)
      CATEGORY (ASC)
      CLIENT APPLICATION DATE (ASC)
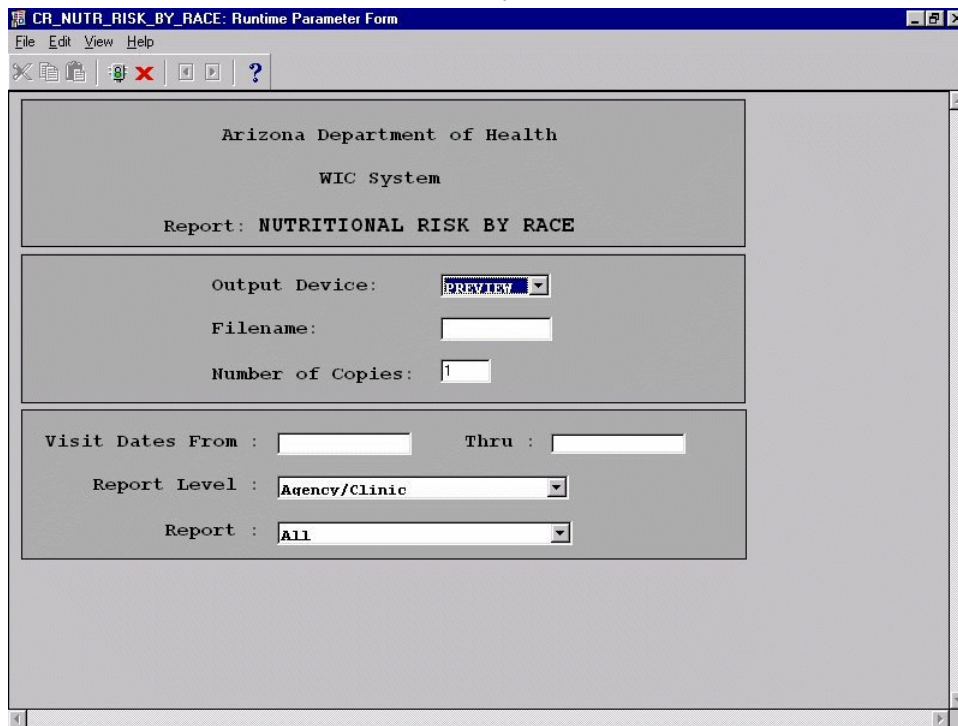
Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.40.1   : Nutritional Risk By Race Criteria

Figure 338 - Nutritional Risk By Race Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.
Visit Date From/Thru - The date range the report will be generated for. This field is required.
Report Level - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.
Report - The report that will be generated. The available options are Women, Infants/Children, All. This field is required.

Button(s)
Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.40.2 : Nutritional Risk By Race Report

| **Report Name:** | **CR_NUTR_RISK_BY_RACE** | | | | | | | **Report No:** | |
| **Report Date:** | **MM/DD/YYYY** | | | | | | | **Page:** | |

<div align="center">

Arizona WIC Program
NUTRITIONAL RISK BY RACE
Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)
(Report)

</div>

Local Agency: XX XXXXXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXXX

Race	Screen Anemia #	% at Risk %	Screen Under Weight #	% at Risk %	Screen Short Stature #	% at Risk %	Screen Overweight > 17 Yrs #	% at Risk %	Screen Overweight > 17 Yrs #	% at Risk %
XXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
XXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
XXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
XXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
Total:	999999	999	999999	999	999999	999	999999	999	999999	999

Figure 339 - Nutritional Risk By Race Report

Calculations

Number Evaluated - Total number of participants evaluated for anthropometric and/or bloodwork risks.
 # at Risk for Anemia - Number of participants for the race evaluated for anemia.
% at Risk for Anemia - Percent of evaluated participants found to be at risk for anemia.
 # at Risk for Underweight - Number of participants for the race evaluated for underweight.
% at Risk for Underweight - Percent of evaluated participants found to be at risk for underweight.
 # at Risk for Short Stature - Number of participants for the race evaluated for short stature.
% at Risk for Short Stature - Percent of evaluated participants found to be at risk for short stature.
 # at Risk for Overweight > 17 yrs. - Number of participants for the race over the age of 17 evaluated for overweight.
% at Risk for Overweight > 17 yrs. - Percent of evaluated participants over the age of 17 found to be at risk for overweight.
 # at Risk for Overweight <= 17 yrs. - Number of participants 17 or younger for the race evaluated for overweight.
% at Risk for Overweight <= 17 yrs. - Percent of evaluated participants 17 or younger found to be at risk for overweight.

Total (Screen Anemia #)- Sum(Screen Anemia # column)
Total (Anemia % at Risk %) - ((Number of participants found to be at risk for Anemia) / Total (Screen Anemia #)) x 100
Total (Screen Underweight #)- Sum(Screen Underweight # column)
Total (Underweight % at Risk %) - ((Number of participants found to be at risk for Underweight) / Total (Screen Underweight #)) x 100
Total (Screen Short Stature #)- Sum(Screen Short Stature # column)
Total (Short Stature % at Risk %) - ((Number of participants found to be at risk for short stature) / Total (Screen Short Stature #)) x 100
Total (Screen Overweight > 17 #)- Sum(Screen Overweight > 17 YRS # column)
Total (Overweight > 17 % at Risk %) - ((Number of participants over 17 found to be at risk for overweight) / Total (Screen Overweight > 17 #)) x 100
Total (Screen Overweight <= 17 #)- Sum(Screen Overweight <= 17 YRS # column)
Total (Overweight <= 17 % at Risk %) - ((Number of participants 17 or younger found to be at risk for overweight) / Total (Screen Overweight <= 17 #)) x 100

Background Processes

Reports on the last visit with anthropometric and/or bloodwork measures taken within the date range. When running the Women report short stature is reported as 0. When running the combined, short stature only includes infants and children data. When running the Infants/Children report, Overweight > 17 years is reported as 0.
The denominator for the percentage calculations is the # of participants screened for that risk.

Participants are counted in this report if they have been assigned the indicated risk factor, for example participants in the overweight column are counted if they have the overweight risk factor. The overweight risk factor is base table driven and assigned based on the entries in the Desirable Weight for Women window.

Enrollment and Certification

Section 2 - 4.3.41 **:** Initial Assessment by Race and Age

Priority: Required

Window: Initial Assessment by Race and AgeWindow

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on Participants with nutritional risks at the initial assessment by race and age.

Sort Criteria (Major to Minor):
　　　ORGANIZATIONAL UNIT ORG CODE (ASC)
　　　CATEGORY (ASC)
　　　CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.41.1   : Initial Assessment by Race and Age Criteria

Figure 340 - Initial Assessment by Race and Age Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.
Visit Date From/Thru - The date range the report will be generated for. This field is required.
Report Level - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.
Report - The Nutritional Risk Report to generate. The available options are Short Stature, Overweight, Underweight, Hemoglobin. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.41.2 : Initial Assessment by Race and Age - Short Stature Report

Report Name: **CR_INIT_ASSESSMENTS**	**Arizona WIC Program**	**Report No:** **CR2417**
Report Date: **MM/DD/YYYY**	**INITIAL ASSESSMENT BY RACE AND AGE - SHORT STATURE**	**Page:** **999999**
	Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY	
	(Report Level)	

Local Agency: XX XXXXXXXXXXXXXX   **Clinic:** XX XXXXXXXXXXXXXXXXXXX

	--- White ---				**--- Black or African American ---**		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

	--- American Indian Or Alaskan Native ---				**--- Hispanic ---**		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

	--- Asian ---				**--- Native Hawaiian Or Other Pacific Islander ---**		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

	--- Total ---		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999

Figure 341 - Initial Assessment by Race and Age - Short Stature Report

Section 2 - 4.3.41.3 **:** Initial Assessment by Race and Age - Overweight Report

Report Name:	**CR_INIT_ASSESSMENTS**					**Report No:**	**CR2417**
Report Date:	**MM/DD/YYYY**					**Page:**	**999999**

Arizona WIC Program
INITIAL ASSESSMENT BY RACE AND AGE – OVERWEIGHT
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXX

--- White ---				**--- Black or African American ---**			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

--- American Indian Or Alaskan Native ---				**--- Hispanic ---**			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

--- Asian ---				**--- Native Hawaiian Or Other Pacific Islander ---**			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

--- Total ---			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999

Figure 342 - Initial Assessment by Race and Age - Overweight Report

Section 2 - 4.3.41.4 **:** Initial Assessment by Race and Age - Underweight Report

| Report Name: | **CR_INIT_ASSESSMENTS** | **Arizona WIC Program** | Report No: | **CR2417** |
| Report Date: | **MM/DD/YYYY** | | Page: | **999999** |

Arizona WIC Program
INITIAL ASSESSMENT BY RACE AND AGE – UNDERWEIGHT
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXX

--- White ---				--- Black or African American ---			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

--- American Indian Or Alaskan Native ---				--- Hispanic ---			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

--- Asian ---				--- Native Hawaiian Or Other Pacific Islander ---			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

--- Total ---			
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999

Figure 343 - Initial Assessment by Race and Age - Underweight Report

Section 2 - 4.3.41.5   : Initial Assessment by Race and Age - Hemoglobin Report

| Report Name: | **CR_INIT_ASSESSMENTS** | | Report No: | **CR2417** |
| Report Date: | **MM/DD/YYYY** | **Arizona WIC Program** | Page: | **999999** |

INITIAL ASSESSMENT BY RACE AND AGE – HEMOGLOBIN
Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
(Report Level)

Local Agency: XX XXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXXX

	--- White ---				**--- Black or African American ---**		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

	--- American Indian Or Alaskan Native ---				**--- Hispanic ---**		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

	--- Asian ---				**--- Native Hawaiian Or Other Pacific Islander ---**		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**	**Age of Participant**	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999	XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999	**Total:**	999999	999999	999999

	--- Total ---		
Age of Participant	**Numb Screen**	**At Risk No.**	**At Risk Pct.**
XXXXXXXXXXX	999999	999999	999999
Total:	999999	999999	999999

Figure 344 - Initial Assessment by Race and Age - Hemoglobin Report

Calculations

Numb Screen - The number of participants in the age range screened for the risk.
At Risk No. - The number of participants in the age range found to be at risk.
At Risk % - The percentage of participants in the age range found to be at risk. (At Risk No. /
Numb Screen) x 100

Total (Numb Screen) - The total number of participants screened for the risk.
Total (At Risk No.) - The total number of participants found to be at risk.
Total (At Risk %) - The percentage of participants found to be at risk. (Total (At Risk No.) /
Total (Numb Screen)) x 100

Background Processes

None

Enrollment and Certification

Section 2 - 4.3.42   **:** Participation By Food Package

Priority: Required

Window: Participation By Food Package Window

Report: Yes

FSRD Reference: PP16.2

Narrative: This window provides information on participation by food package. Counts by category and group (Women, Infants, Children), the number of participants issued food instruments for food packages within one of the following groups:
1. Pregnant/Breastfeeding/Postpartum Women and Children
2. Rebate Infant formula
3. Special formula
4. Non-Rebate formula

The categories reported on are the category of the participant at the time of issuance.

Sort Criteria (Major to Minor):
> ORGANIZATIONAL UNIT ORG CODE (ASC)
> CATEGORY (ASC)
> CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.42.1   : Participation By Food Package Criteria

Figure 347 - Participation By Food Package Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

Month (MM/YYYY) - The month the report will be generated for. This field is required.

Report Level - Gives the choice of State or Local Agency report type. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.42.2   : Participation By Food Package Report

Report Name: CR_PART_BY_FOOD_PACK
Report Date: MM/DD/YYYY

Arizona WIC Program
PARTICIPATION BY FOOD PACKAGE
(Report Level)
For Month Ending: MM/YYYY

Report No. CR2422
Page ZZZ9

Local Agency: XX   XXXXXXXXXXXX
Pregnant/Breastfeeding/Postpartum Women and Children

		WOMEN				INFANTS				CHILDREN				
Food Package	PG1/ PG2	P	EN/PN	Total	%	IEN/IPN	IFF	Total	%	C1	C2	C3/C4	Total	%
ZZZ	Z	Z	Z	Z	Z%	Z	Z	Z	Z%	Z	Z	Z	Z	Z%
Subtotal	Z	Z	Z	Z	Z%	Z	Z	Z	ZZZ%	Z	Z	Z	Z	ZZ%

Rebate Infant Formula

Food Package	PG1/ PG2	P	EN/PN	Total	%	IEN/IPN	IFF	Total	%	C1	C2	C3/C4	Total	%
ZZZ	Z	Z	Z	Z	Z%	Z	Z	Z	Z%	Z	Z	Z	Z	Z%
Subtotal	Z	Z	Z	Z	Z%	Z	Z	Z	ZZZ%	Z	Z	Z	Z	ZZ%

Special Formula

Food Package	PG1/ PG2	P	EN/PN	Total	%	IEN/IPN	IFF	Total	%	C1	C2	C3/C4	Total	%
ZZZ	Z	Z	Z	Z	Z%	Z	Z	Z	Z%	Z	Z	Z	Z	Z%
Subtotal	Z	Z	Z	Z	Z%	Z	Z	Z	ZZZ%	Z	Z	Z	Z	ZZ%

Non-Rebate Formula

Food Package	PG1/ PG2	P	EN/PN	Total	%	IEN/IPN	IFF	Total	%	C1	C2	C3/C4	Total	%
ZZZ	Z	Z	Z	Z	Z%	Z	Z	Z	Z%	Z	Z	Z	Z	Z%
Subtotal	Z	Z	Z	Z	Z%	Z	Z	Z	ZZ%	Z	Z	Z	Z	ZZ%
Group	Z	Z	Z	Z	Z%	Z	Z	Z	ZZ%	Z	Z	Z	Z	ZZ%

Figure 348 - Participation By Food Package Report

Calculations

Columns

Qty - The count of participants receiving the food package in the category.
Total (group Qty) - The group(women, infants, or children) total for the food package.
Total (group %) - The percentage of participants issued the food package, compared to the total
number of participants who were issued any food package in that major food package group.
Total (Qty) - The total count for all groups (women, infants, children) for the food package within
the food package group.
Total (%) - The percentage of this food package within the food package group.

Rows

Subtotals - the number of food packages issued by category, group (women, infants, children) and
all.
State/Local Agency totals - the number of food packages issued by category, group (women,
infants, children) and all for the State or Local Agency depending on the Report Level chosen.

Background Processes

Note: A participant may be counted more than once per month if they have been issued more than
one food package.

Enrollment and Certification

Section 2 - 4.3.43   : Pending Food Package Approval

Priority: Required

Window: Pending Food Package Approval Report Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on pending food package approvals by local agency/clinic.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL ORG CODE (ASC)
    APPROVAL REQ'D BY DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.43.1   : Pending Food Package Approval Criteria

Figure 349 - Pending Food Package Approval Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.
Report Level - The organization level the report will be run for. The available options are State or Local Agency. This field is required.
Clinic - The clinic the report will be run for. The available options are a particular clinic or All. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.43.2   : Pending Food Package Approval Report

Report: CR_PEND_FP_APPR   Arizona WIC Program   Report No. CR2304
Report Date: MM/DD/YYYY   PENDING FOOD PACKAGE APPROVAL REPORT   Database: XXXXX
Report Time: HH:MM:SS   User Name: XXXXXX

Local Agency: XXXXXXXXXXXXXXXXXX
Clinic: XXXXXXXXXX

Participant ID	Name	Date of Birth
XXXXXXXXXX	XXXXXXX, XXXXXXXX	MM/DD/YYYY

Figure 350 - Pending Food Package Approval Report

Calculations

None

Background Processes

The report retrieves all clients that have a current certification and require food package approval.

The report will return clients with pending food package approvals for the following five scenarios:

1. Needs both approvals but both nutritionist flag and physician flag were not checked.
2. Needs nutritionist approval but nutritionist flag is not checked.
3. Needs physician approval but physician flag is not checked.
4. Needs both approvals but only nutritionist flag is checked.
5. Needs both approvals but only physician flag is checked.

Enrollment and Certification

Section 2 - 4.3.44   : Racial/Ethnic Participation

Priority: Required

Window: Racial/Ethnic Participation Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides information on racial/ethnic Participants by local agency/clinic.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT ORG CODE (ASC)
      CATEGORY (ASC)
      CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.44.1   : Racial/Ethnic Participation Criteria

Figure 351 - Racial/Ethnic Participation Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.

Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

Month - The system will select participants who were issued an FI in this month. This field is required.

FFY - The desired FFY for the report.

Report Level - List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.44.2   : Racial/Ethnic Participation Report

Report Name: CR_RACIAL_ETHNIC   **Arizona WIC Program**   Report No. CR2428
Report Date: MM/DD/YYYY   RACIAL/ETHNIC PARTICIPATION REPORT   Page ZZZ9
                                                   (report level)
                                          For Month Ending: MM/DD/YYYY

Local Agency: XX   XXXXXXXXXXXX   Clinic: XXXXXXXXXXXX

	Women						Infants				Children				
Category	EN	PN	P	PG1	PG2	Total	IFF	IEN	IPN	Total	C1	C2	C3	C4	Total
White Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Participating	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Non Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9
Black Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Participating	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Non Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9
Hispanic Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Participating	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Non Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9
Native Amer. Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Participating	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Non Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9
Asian Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Participating	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Non Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9
Race Unknown	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9
Non Participating															
Total Enrolled	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ0
Participating	ZZ9	ZZZ9	ZZZ9	Z9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZ9	ZZZZ9
Non Participating	Z9	ZZ9	ZZ9	Z9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZ9	ZZZ9

	Women	Infants	Children	Total
Enrolled	ZZZZZ9	ZZZZZ9	ZZZZ9	ZZZZ9
Participating	ZZZZZ9	ZZZZZ9	ZZZZ9	ZZZZ9
Non Participating	ZZZ9	ZZZ9	ZZZ9	ZZZ9

Figure 352 - Racial/Ethnic Participation Report

Calculations

Enrolled - The total of participating plus non-participating.
Participating - The total number of participants.
Non-Participating - The total number of non-participants.

Background Processes

A participant is counted as participating if she has at least one issued draft in the report month, that has not been voided. Participants included on the State Funded Participation Report will not be included in the counts for this report.
If the participant has only voided drafts, is not terminated, and is in a valid certification period in the report month, the participant is counted as non-participating. If the participant has a terminated status or is not in a valid certification period for the report month, the participant is not counted on the report. Breastfed infants with no food package are counted as participating if they are in a valid certification period and have not been terminated. The counts are accumulated under the appropriate race and category for the infant.

Enrollment and Certification

Section 2 - 4.3.45   **:** Unduplicated Count of Participants By Program

Priority: Required

Window: Unduplicated Count of Participants By Program Window

Report: Yes

FSRD Reference: EP 9.3, EP9.4, PP16.2

Narrative: This window provides an unduplicated count of Participants by program. This report must be run on the Central database as caseload detail information does not get passed down to the local agencies.

Sort Criteria (Major to Minor):
      ORGANIZATIONAL UNIT ORG CODE (ASC)
      CATEGORY (ASC)
      CLIENT APPLICATION DATE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.45.1 : Unduplicated Count of Participants By Program Criteria

Figure 353 - Unduplicated Count of Participants By Program Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. This field is optional.
Number of Copies - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.
Visit Date From/Thru - The date range the report will be generated for. This field is required.
Report Level - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.45.2 : Unduplicated Count of Participants By Program Report

Report Name: **CR_UNDUP_COUNT_PART**   **Arizona WIC Program**   **Report No:** **CR2433**
Report Date: **MM/DD/YYYY**   **UNDUPLICATED COUNT OF PARTICIPANTS BY PROGRAM**   **Page:** **999999**
                                    Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY
                                                    (Report Level)

Local Agency: XX XXXXXXXXXXXXXXXXXXXX   **Clinic:**   XX XXXXXXXXXXXXXXXXXXXX

--- White ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

--- Black or African American ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

--- American Indian Or Alaskan Native ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

--- Hispanic ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

--- Asian ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

--- Native Hawaiian Or Other Pacific Islander ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

--- Total ---

Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXX	999999	999999	999999	999999	999999
Total:	999999	999999	999999	999999	999999

Figure 354 - Unduplicated Count of Participants By Program Report

Calculations

WIC PGM - Count of unduplicated WIC participants by program by age and race.
CSF PGM - Count of unduplicated CSF participants by program by age and race. This count will be zero as there is no procedure in AIM to calculate CSF participation.
WIC Not Elig - Total number of participants evaluated and found not eligible for the WIC program.
CSF Not Elig - Total number of participants evaluated and found not eligible for the CSF program. This count will be zero as there is no procedure in AIM to calculate CSF participation.
Total (Row) - Total number of participants (unduplicated) for the age range.
Total (Column) - Column total (unduplicated).

Background Processes

Reports on the last program certification period within the date range entered.

Enrollment and Certification

[CO 5]

Section 2 - 4.3.46   *: Smoking Status at 6 Months Post-partum by Age and Race*

Priority: Required

Window: Smoking Status at 6 Months Post-partum by Age and Race Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report of 6 month postpartum participant's smoking status by age and race.

Sort Criteria (Major to Minor):
    ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.46.1 : Smoking Status at 6 Months Post-partum by Age and Race Criteria
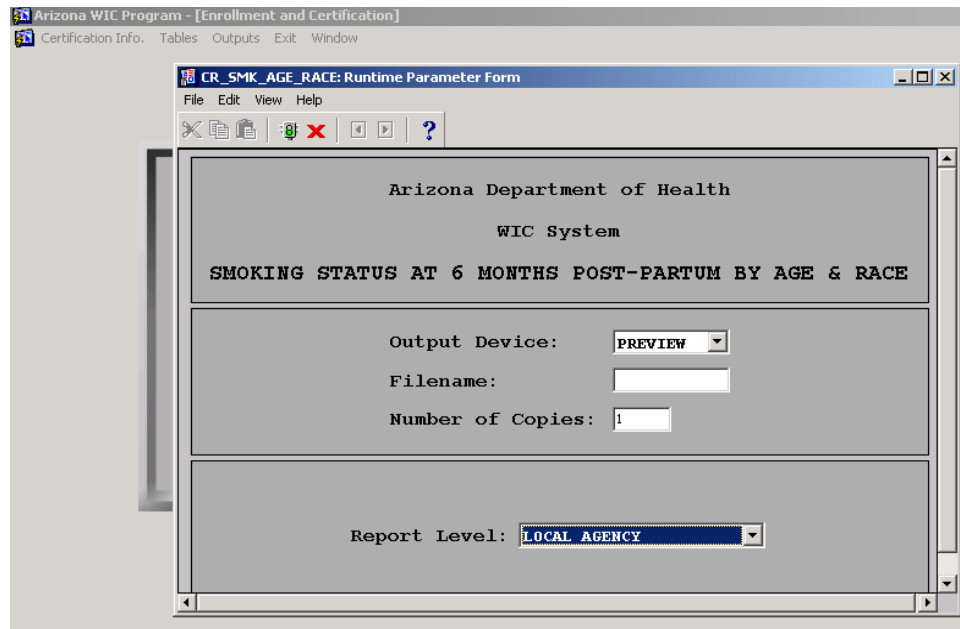
Figure 355 - Smoking Status at 6 Months Post-partum by Age and Race Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.46.2   : Smoking Status at 6 Months Post-partum by Age and Race

Report Date: MM/DD/YYYY   Page: ZZZ9

 Report #

<div align="center">

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Age and Race
(Report Level)

</div>

 Agency: XX XXXXXXXXXXX

Age & Race |-----------------------Smokers Before Pregnancy--------------- |------Non-Smokers Before Pregnancy-

(at 6 mo PP)	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
(Race) # 19 yrs	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
20-35 yrs	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
>35 yrs	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total # 19 yrs	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
20-35 yrs	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
>35 yrs	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9

Figure 356 - Smoking Status at 6 Months Post-partum by Age and Race

Calculation(s)

No Change No. - Count(6 month postpartum participants with no smoking change)
No Change % - (No Change No. / Total No.) x 100
Increased No. - Count(6 month postpartum participants with smoking increase)
Increased % - (Increased No. / Total No.) x 100
Quit No. - Count(6 month postpartum participants that quit smoking)
Quit % - (Quit No. / Total No.) x 100
Decreased No. - Count(6 month postpartum participants with smoking decrease)
Decreased % - (Decreased No. / Total No.) x 100
Total Impact No. - Quit No. + Decreased No.
Total Impact % - (Total Impact No. / Total No.) x 100
Total - Count(6 month postpartum participants that smoked 3 months prior to pregnancy)
Started No. - Count(6 month postpartum participants that didn't smoke 3 months before pregnancy and have started smoking)
With HH Smokers No. - Count(6 month postpartum participant non-smokers that live with another smoker)
Without HH Smokers No. - Count(6 month postpartum participant non-smokers that live with non-smokers)

Background Processes

The 'No Change' column is the number and percent of smokers that smoked the same amount at 6 months postpartum as 3 months prior to pregnancy.

The 'Increased' column is the number and percent of smokers that smoked more cigarettes daily at 6 months postpartum as 3 months prior to pregnancy.

The 'Decreased' column is the number and percent of smokers that smoked less cigarettes daily at 6 months postpartum as 3 months prior to pregnancy.

The 'Quit' column is the number and percent of smokers that answered No to the "Do you currently smoke, Even a Puff?" question at the 6 month postpartum visit and Yes to the "Did you smoke during the 3 months before you became pregnant?" question.

The 'Total Impact' column is the number and percent of smokers that decreased or quit smoking.

The 'Total' column is the total number of 6 month postpartum participants who smoked 3 months prior to pregnancy.

The 'Started' column is the number and percent of non-smokers that started smoking since 3 months before becoming pregnant.

The 'With HH Smokers' is the number and percent of non-smokers that live with someone that smokes.

The 'Without HH Smokers' is the number and percent of non-smokers that live with non-smokers.

A smoker is defined as a women that answered Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function at the 6 month postpartum visit.

A household smoker is determined by answering Yes to the 'Does anyone who lives with you smoke?' question in the health history function at the 6 month postpartum visit.

The 6 month postpartum visit health history record is used and the response to the "On average, how many cigarettes per day do you currently smoke?" question is compared to the response to the "On average, how many cigarettes per day did you smoke?" (3 months before you became pregnant).

The smoking history record used for the 6 month postpartum visit is the smoking history record when the infant is between 25 and 34 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 months of age is used.

Enrollment and Certification
*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 4.3.47   : Birth Weight by Trimester Enrolled and Smoking Status

Priority: Required

Window: Birth Weight by Trimester Enrolled and Smoking Status Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report of postpartum participant's smoking status and birth weight by trimester enrolled in WIC.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.47.1   **:** Birth Weight by Trimester Enrolled and Smoking Status Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.47.2 : Birth Weight by Trimester Enrolled and Smoking Status

Report Date: MM/DD/YYYY   Page: ZZZ9
 Report #

Arizona WIC Program
Birth Weight by Trimester Enrolled and Smoking Status
(Report Level)

Agency: XX XXXXXXXXXXX

Trimester Enrolled and smoking status	VLBW <1500 gr	LBW <2500 gr	Normal BW $2500 gr	Total
Enrolled first trimester (# 13 wks)				
Smokers who quit by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who decreased by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Subtotal	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who made no change by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who increased or started	ZZ9	ZZ9	ZZ9	ZZ9
Total smokers enrolled in 1st trimester	ZZ9	ZZ9	ZZ9	ZZ9
Non-smoker with HH smoker	ZZ9	ZZ9	ZZ9	ZZ9
Non-smoker without HH smoker	ZZ9	ZZ9	ZZ9	ZZ9
Total non-smokers enrolled in 1st trimester	ZZ9	ZZ9	ZZ9	ZZ9
Enrolled second trimester (13-26 wks)				
Smokers who quit by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who decreased by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Subtotal	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who made no change by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who increased or started	ZZ9	ZZ9	ZZ9	ZZ9
Total smokers enrolled in 2nd trimester	ZZ9	ZZ9	ZZ9	ZZ9
Non-smoker with HH smoker	ZZ9	ZZ9	ZZ9	ZZ9
Non-smoker without HH smoker	ZZ9	ZZ9	ZZ9	ZZ9
Total non-smokers enrolled in 2nd trimester	ZZ9	ZZ9	ZZ9	ZZ9
Enrolled third trimester ($27 wks)				
Smokers who quit by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who decreased by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Subtotal	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who made no change by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who increased or started	ZZ9	ZZ9	ZZ9	ZZ9
Total smokers enrolled in 3rd trimester	ZZ9	ZZ9	ZZ9	ZZ9
Non-smoker with HH smoker	ZZ9	ZZ9	ZZ9	ZZ9
Non-smoker without HH smoker	ZZ9	ZZ9	ZZ9	ZZ9
Total non-smokers enrolled in 3rd trimester	ZZ9	ZZ9	ZZ9	ZZ9
Totals				
Smokers who quit by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who decreased by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Subtotal	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who made no change by end of pg	ZZ9	ZZ9	ZZ9	ZZ9
Smokers who increased or started	ZZ9	ZZ9	ZZ9	ZZ9

Figure 357 - Birth Weight by Trimester Enrolled and Smoking Status

Section 2 - 4.3.47.3   Smoking Status and Trimester Enrolled in WIC by Birth Weight

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Calculation(s)

Total (Column) = VLBW + LBW + Normal BW

Background Processes

The first smoking history record after the delivery of the infant is queried for this information. The trimester the participant was enrolled in is determined by querying the first pregnancy smoking history date and comparing it to the expected delivery date.

The 'Smokers who quit by end of pg' row is the number of smokers that answered No to the "Do you currently smoke, Even a Puff?" question at the 1st postpartum visit and Yes to the "Did you smoke during the 3 months before you became pregnant?" question.

The 'Smokers who decreased by end of pg' row is the number of smokers that decreased the number of cigarettes smoked daily at the 1st postpartum visit as 3 months prior to pregnancy.

The 'Subtotal' row is the number of smokers that quit or decreased smoking by the end of the pregnancy.

The 'Smokers who made no change by end of pg' row is the number of smokers that smoked the same amount at the end of the pregnancy as they did at 3 months prior to the pregnancy.

The 'Smokers who increased or started' row is the number of smokers that started smoking or smoked more cigarettes daily at the 1st postpartum visit as they did at 3 months prior to pregnancy.

The 'Total smokers enrolled in X trimester' row is the number of participants that were smokers 3 months prior to pregnancy. (This does not include those that started smoking during the pregnancy)

The 'Non-smoker with HH smoker' row is the number of non-smokers that live with someone that smokes.

The 'Non-smoker without HH smoker' row is the number of non-smokers that live with non-smokers.

A smoker is defined as a women that answered Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function.

A household smoker is determined by answering Yes to the 'Does anyone who lives with you smoke?' question in the health history function.

The 1st postpartum visit (either during the pregnancy certification period or the postpartum/breastfeeding certification period) smoking history record is used and the response to the "On average, how many cigarettes per day do you currently smoke?" question is compared to the response to the "On average, how many cigarettes per day did you smoke?" (3 months before you became pregnant) question.

Enrollment and Certification

Section 2 - 4.3.48   *: Smoking Status at 6 months Post-partum by Type of Intervention*

Priority: Required

Window: Smoking Status at 6 months Post-partum by Type of Intervention Window.

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report of 6 month postpartum participant's smoking status by referral organizations that the participant was referred to by WIC.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.48.1   *: Smoking Status at 6 Months Post-partum By Type of Intervention*

Fields

Output Device - *Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.*
Filename - *The user may enter the name of a file that the report is to be saved in here. Optional.*
Number of Copies - *The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.*
Report Level - *Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.*

Button(s)

Previous - *Displays the previous page of the report being previewed.*
Next - *Displays the next page of the report being previewed.*
Run Report - *Clicking on this button allows the user to run the report.*
Cancel - *Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.48.2   *: Smoking Status at 6 Months Post-partum By Where WIC Referred Participant*

Report Date: MM/DD/YYYY   Page: ZZZ9
  Report #

<div align="center">

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Where WIC Referred Participant
(Report Level)

</div>

 Agency: XX XXXXXXXXXXXX

Referral   --------------------Smokers Before Pregnancy-------------   -----Non-Smokers Before Pregnancy-----

(at 6 mo PP)	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
ASHline	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
Local	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
Local & ASHline	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
None	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
Not Applicable	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
Total	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9

Figure 358 - Smoking Status at 6 Months Post-partum By Where WIC Referred Participant

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Enrollment and Certification
*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 4.3.49   *: Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before*

Priority: Required

Window: Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participants previously on WIC by the number of previous live births.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.49.1 *: Smoking Status at 6 months Post-partum by number of Previous Births and whether ever on WIC Before Criteria*

Fields

Output Device *- Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.*
Filename *- The user may enter the name of a file that the report is to be saved in here. Optional.*
Number of Copies *- The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.*
Report Level - *Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.*

Button(s)

Previous *- Displays the previous page of the report being previewed.*
Next *- Displays the next page of the report being previewed.*
Run Report *- Clicking on this button allows the user to run the report.*
Cancel *- Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.49.2 *: Smoking Status at 6 months Post-partum by number of Previous Births and whether ever on WIC Before*

Report Date: MM/DD/YYYY

Report #

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Number of Previous Births and Whether Ever on WIC Before
(Report Level)

Agency: XX XXXXXXXXXXX

Prior WIC & Number of Previous Live Births (6 mo PP)	|----------------------------------Smokers Before Pregnancy----------------------------------|													|-----Non-Smokers Before Pregnancy-----|			
	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
On WIC Before	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
1	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
2	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
3	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
4	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.
5 or more	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Total	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Never on WIC Before																	
0	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
1	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
2	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
3	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
4	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
5 or more	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Total	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Total																	
1	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
2	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
3	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
4	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
5 or more	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9

Figure 359 - Smoking Status at 6 months Post-partum by number of Previous Births and ever on WIC Before

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Enrollment and Certification

Section 2 - 4.3.50   *: Smoking Status at 6 months Post-partum by Birth Weight*

Priority: Required

Window: Smoking Status at 6 months Post-partum by Birth Weight Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant's by birth weight.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.50.1 **:** Smoking Status at 6 Months Post-partum by Birth Weight Criteria

Figure 360 - Smoking Status at 6 Months Post-partum by Birth Weight Criteria

Fields

Output Device - *Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.*
Filename - *The user may enter the name of a file that the report is to be saved in here. Optional.*
Number of Copies - *The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.*
Report Level - *Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.*

Button(s)

Previous - *Displays the previous page of the report being previewed.*
Next - *Displays the next page of the report being previewed.*
Run Report - *Clicking on this button allows the user to run the report.*
Cancel - *Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.50.2   : Smoking Status at 6 Months Post-partum by Birth Weight

Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

Arizona WIC Program
Smoking Status at 6 Months Post-partum by birth weight
(Report Level)

Agency: XX XXXXXXXXXXX

Birth Weight		------------------------------Smokers Before Pregnancy------------------------------												------Non-Smokers Before Pregnancy-----				
(at 6 mo PP)	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
Very Low (<1500 gr. Or 3 lbs 5 oz)	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Low Birth Weight (<2500 gr. Or 5 lbs 8 oz)	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Normal Birth Weight ($5lbs 8 oz)	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9
Total	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZZ.	ZZ.9	ZZZ.	ZZ.9	ZZZ.	ZZ.9

Figure 361 - Smoking Status at 6 Months Post-partum by Birth Weight

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Enrollment and Certification

Section 2 - 4.3.51   *: Smoking Status at 6 months Post-partum by Education and Income*

Priority: Required

Window: Smoking Status at 6 months Post-partum by Education and Income Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant's by education and income.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.51.1   *: Smoking Status at 6 Months Post-partum by Education and Income Criteria*

Fields

Output Device *- Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.*
Filename *- The user may enter the name of a file that the report is to be saved in here. Optional.*
Number of Copies *- The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.*
Report Level - *Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.*

Button(s)

Previous *- Displays the previous page of the report being previewed.*
Next *- Displays the next page of the report being previewed.*
Run Report *- Clicking on this button allows the user to run the report.*
Cancel *- Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.51.2   *: Smoking Status at 6 Months Post-partum by Education and Income*

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Education and Income
(Report Level)

Agency: XX XXXXXXXXXXX

Last Year of School Completed? (at 6 mo PP)	Smokers Before Pregnancy												Non-Smokers Before Pregnancy					
	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
< 12th Grade and <= 17 Yrs.	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9
Below Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Adjunct. Elig.	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Above Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
< 12th Grade and > 17 Yrs.	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Below Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Adjunct. Elig.	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Above Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
12th Grade, all Ages	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Below Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Adjunct. Elig.	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Above Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
> 12th Grade, all Ages	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Below Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Adjunct. Elig.	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Above Poverty	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9

Figure 362 - Smoking Status at 6 Months Post-partum by Education and Income

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

For the rows referring to the age and education level, the system accesses the Age of the postpartum participant and the education level of the authorized representative.

See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report for additional background information.

Enrollment and Certification
*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 4.3.52   *: Smoking Status by 6 months Post-partum by How Many Cigarettes Smoked Before Pregnancy*

Priority: Required

Window: Smoking Status by 6 months Post-partum by how Many Cigarettes Smoked Before Pregnancy Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant's by the number of cigarettes smoked per day before the pregnancy began.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.52.1 *: Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria*

***Figure 363** - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria*

Fields

Output Device *- Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.*
Filename *- The user may enter the name of a file that the report is to be saved in here. Optional.*
Number of Copies *- The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.*
Report Level - *Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.*

Button(s)

Previous *- Displays the previous page of the report being previewed.*
Next *- Displays the next page of the report being previewed.*
Run Report *- Clicking on this button allows the user to run the report.*
Cancel *- Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.52.2 : Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked
        Before Pregnancy

Report Date: MM/DD/YYYY   Page: ZZZ9
Report #

Arizona WIC Program
Smoking Status at 6 Months Post-partum by How many cigarettes smoked before pregnant
(Report Level)

Agency: XX XXXXXXXXXXX

Number of Cigs 3 mo Prior to Pregnancy	|-------------------------------Smokers Before Pregnancy--------------------------------|						|-----Non-Smokers Before Pregnancy------|		
(at 6 mo PP)	No Change	Increased	Quit	Decreased	Total Impact	Total	Started	With HH Smokers	Without HH Smokers
	No. %	No. %	No. %	No. %	No. %	No. %	No. %	No. %	No. %
00	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9
<10	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9
10-20	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9
>20	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9
Total	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9	ZZ9 ZZ.9

Figure 364 - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Enrollment and Certification
*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 4.3.53   *: Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker*

Priority: Required

Window: Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant's by history of prior miscarriage(s) and household smoking.

Sort Criteria (Major to Minor):
ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.53.1 *: Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a
        Smoker Criteria*

Fields

Output Device - *Clicking on this list of values button allows the user to select the output device that the
report will be sent to. This field is optional, the default is display.*
Filename - *The user may enter the name of a file that the report is to be saved in here. Optional.*
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required.*

Button(s)

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Next - *Displays the next page of the report being previewed.*
Run Report - *Clicking on this button allows the user to run the report.*
Cancel - *Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.53.2   *: Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker*

Report Date: MM/DD/YYYY   Page: ZZZ9
 Report #

<div align="center">

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Prior Miscarriage and living with a smoker
(Report Level)

</div>

 Agency: XX XXXXXXXXXXX

Miscarriage? Live with Smoker? (at 6 mo PP)	|-------------------------Smokers Before Pregnancy------------------------|											|-----Non-Smokers Before Pregnancy-----|					
	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
Hx of miscarriage	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9
Live with smoker	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Do not live with smoker	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
No Hx of miscarriage	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Live with smoker	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Do not live with smoker	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Live with smoker	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Do not live with smoker	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9

Figure 365 - Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

The system determines the History of Miscarriage by accessing the response to the "Have you Ever Had: A still birth or a miscarriage on or after 20 weeks of pregnancy" question in the Women Health History window.

For additional information see the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Enrollment and Certification

Section 2 - 4.3.54   *: Smoking Status at 6 months Post-partum by Type of Intervention*

Priority: Required

Window: Smoking Status at 6 months Post-partum by Type of Intervention Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant's by type of intervention.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.54.1   *: Smoking Status at 6 months Post-partum by Type of Intervention Criteria*

Figure 366 - Smoking Status at 6 months Post-partum by Type of Intervention Criteria

Fields

Output Device *- Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.*
Filename *- The user may enter the name of a file that the report is to be saved in here. Optional.*
Number of Copies *- The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.*
Report Level - *Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.*

Button(s)

Previous *- Displays the previous page of the report being previewed.*
Next *- Displays the next page of the report being previewed.*
Run Report *- Clicking on this button allows the user to run the report.*
Cancel *- Clicking on this button allows the user to cancel the report.*

Section 2 - 4.3.54.2 *: Smoking Status at 6 months Post-partum by Type of Intervention*

Report Name: CR_SMK_TYPE_INTERV   Report # CR2712
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Smoking Status at 6 Months Post-partum by Type of Intervention
(Report Level)

Agency: XX XXXXXXXXXXX   Clinic: XX XXXXXXXXXX

|--------------------------------Smokers Before Pregnancy---| |-----Non-Smokers Before Pregnancy-----|

Intervention Type	No Change		Increased		Quit		Decreased		Total Impact		Total	Started		With HH Smokers		Without HH Smokers	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%
Ashline (Arizona Smokers Helpline)	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
Local TEPP Project	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
No Smoking Intervention	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
WIC and Ashline	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
WIC and Local Resources	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
WIC Tobacco Counseling only	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
WIC, Ashline, and Local Resources	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9
Total	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZ9	ZZZ	ZZZ	ZZ.9	ZZZ	ZZ.9	ZZZ	ZZ.9

Figure 367 *- Smoking Status at 6 months Post-partum by Type of Intervention*

Calculations

See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Background Processes

The system accesses the response to the 'Smoking Referral' question in the Women Health History window to determine the Intervention.

For more information see the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.

Enrollment and Certification

Section 2 - 4.3.55   : Among Smokers Change in Stage of Readiness to Change

Priority: Required

Window: Among Smokers Change in Stage of Readiness to Change Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of postpartum participants by smoking stages of change at 6 weeks and 6 months postpartum.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.55.1   : Among Smokers, Change in Stage of Readiness to Change Criteria

Figure 368 - Among Smokers, Change in Stage of Readiness to Change Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.55.2 : Among Smokers, Change in Stage of Readiness to Change

Report Name: CR_SMK_CHG_IN_STG   Report #CR2702
Report Date: MM/DD/YYYY   Page: ZZZ9

Arizona WIC Program
Among Smokers, change in stage of readiness to change
(Report Level)

Agency: XX XXXXXXXXXXX   Clinic: XX XXXXXXXXXX

From pregnancy to 6 WEEKS postpartum

Stage of change at pg screen   Stage of change at 6 wk pp visit

	N		T		R		Q		U		Total	
	Qty	%	Qty	%	Qty	%	Qty	%	Qty	%	Qty	%
Not ready (N)	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ9
Thinking about it (T)	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ9
Recent Quitter (Q)	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ9
Unknown or blank	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ9
Total	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ	ZZZ9	ZZZ9

From pregnancy to 6 MONTHS postpartum

Stage of change at pg screen   Stage of change at 6 mo pp visit

	N		T		R		Q		U		Total	
	Qty	%	Qty	%	Qty	%	Qty	%	Qty	%	Qty	%
Not ready (N)	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9
Thinking about it (T)	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9
Recent Quitter (Q)	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9
Unknown or blank	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9
Total	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9	ZZZ9	ZZ9

Figure 369 - Among Smokers, Change in Stage of Readiness to Change

Calculations

- Count(participants by stage of change)
% - (# / row total) x 100
Total # (Column) - Row Total
Total % (Column) - 100% (Row %)
Total # (Row) - Column Total
Total % (Row) - (Total # (Row) / Total # (Column)) x 100

Background Processes

The information for the 'From pregnancy to 6 Weeks postpartum' section of the report is gathered by querying the smoking history record between the delivery date and 6 weeks after the delivery date. In the event there are more than one smoking history record during this time period the record closest to 6 weeks is used.

The information for the 'From pregnancy to 6 Months postpartum' section of the report is gathered by querying the smoking history record between 26 and 36 weeks after the delivery date. In the event there are more than one smoking history record during this time period the record closest to 26 weeks is used.

The 'Not Ready (N)' row is the number of smokers that selected 'Not Ready' to the "Have you thought about quitting or cutting back on smoking?" question at the first health history during the pregnancy .

The 'Thinking about it (T)' row is the number of smokers that selected 'Thinking about it' to the "Have you thought about quitting or cutting back on smoking?" question.

The 'Recent Quitter (Q)' row is the number of smokers that selected 'Recent Quitter' to the "Have you thought about quitting or cutting back on smoking?" question.

The 'Unknown or blank' row is the number of smokers that do not have a smoking history record within the time frames defined for this report, Delivery date - 6 weeks and 26 - 36 weeks after the delivery date.

The 'Total' row is the number of smokers of all stages of change.

A smoker is defined as a women that answered Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function.

Enrollment and Certification

Section 2 - 4.3.56   : Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age

Priority: Required

Window: Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age Initiation Window.

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of infant birth weight by smoking status, mother's age and infant's gestational age.

Sort Criteria (Major to Minor):
   ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.56.1 **:** Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age
Criteria

Figure 368.1 - Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age report
window

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Calculations

VLBW - Count(participants born weighing less than 1500 grams)
LBW - Count(participants born weighing less than 2500 grams)
NBW - Count(participants born weighing 2500 grams or more)
Total (column) - Sum(VLBW, LBW, NBW)
Total (row) - Sum(Preterm, Term)
Gestational Age - Round(40 - ((Expected Delivery Date found in mother's last pregnancy certification - Actual Delivery Date in mother's current breastfeeding/postpartum certification) / 7))

Background Processes

The preterm gestational age is defined as 37 weeks or less, the term gestational age is defined as more than 37 weeks.

The 'Mothers who smoked anytime during pregnancy' section of the report is determined by a Yes response to the "Did you smoke anytime during your pregnancy?" question from the first postpartum visit.

The 'Mothers who smoked in the last trimester' section of the report is determined by a Yes response to the "Did you smoke during the last 3 months of your pregnancy?" question from the first postpartum visit.

The 'Non-Smoking Moms' section of the report is determined by a No response to the "Do you currently or have you ever smoked?" question from the first postpartum visit.

The first postpartum visit is the first smoking history record entered after the delivery date, this could occur during the last 6 weeks of the pregnancy certification period or the postpartum certification period.

Enrollment and Certification
*** THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.

Section 2 - 4.3.57   : Breastfeeding Duration Compared to Smoking Cessation Duration

Priority: Required

Window: Breastfeeding Duration Compared to Smoking Cessation Duration Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report on the smoking status of 6 month postpartum participant's by breastfeeding duration and smoking cessation duration.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.57.1 **:** Breastfeeding Duration Compared to Smoking Cessation Duration Criteria

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.
Filename - The user may enter the name of a file that the report is to be saved in here. Optional.
Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.
Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.
Next - Displays the next page of the report being previewed.
Run Report - Clicking on this button allows the user to run the report.
Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.57.2   : Breastfeeding Duration Compared to Smoking Cessation Duration

Report Date: MM/DD/YYYY   Page: ZZZ9
 Report #

Arizona WIC Program
Breastfeeding Duration Compared to Smoking Cessation Duration
(Report Level)

Agency: XX XXXXXXXXXXX

	00 cigs last 3 mo		00 cigs @ 6 wks pp		00 cigs @ 6 mo pp		Total	
Weeks Breastfed	No.	%	No.	%	No.	%	No.	%
Never breastfed	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
1 week	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
2 weeks	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
3 weeks	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
4 weeks (1 mo)	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
5-6 weeks	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
7-8 weeks	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
9-10 weeks (2 mos)	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
11-12 weeks	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
13-16 weeks (3 mos)	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
17-20 weeks (4 mos)	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
21-25 weeks (5 mos)	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
26-29 weeks (6 mos)	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
6 mo pp, BF<50%	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
6 mo pp, BF>50%	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9	ZZ9	ZZ.9
Total	ZZ9		ZZ9		ZZ9		ZZ9	

Figure 370 - Breastfeeding Duration Compared to Smoking Cessation Duration

Calculations

No. - Count(participants who were not smoking at the time period indicated by the column header)
% - (No. / Count(participant smokers by 00 cigs in time period for all breastfeeding durations)) x 100
(This column will add up to 100%)
Total No.(column) - Count(participants that quit smoking during any of the time periods indicated by the column headers and breastfeeding duration)
Total %(Column) - (Total No. / Count(participants that quit smoking during any of the time periods indicated by the column headers and all breastfeeding durations)
Total No.(row) - (Column total), Total Count(participants that quit smoking during the time periods indicated by the column headers)

Background Processes

This report includes only those that responded Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function at the 6 months postpartum visit.

The smoking history record used for the 6 month postpartum visit is the smoking history when the infant is between 26 and 36 weeks of age. When multiple smoking history records exist in the time period the one nearest to 26 weeks of age is used.

The smoking history record used for the 6 week postpartum visit is the smoking history record when the infant is between 0 and 6 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 weeks of age is used.

The smoking history record used for the first postpartum visit is the first smoking history record of the infant after the actual delivery date.

The '00 cigs last 3 mo' column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but during the last three months of pregnancy did not smoke, by breastfeeding duration. A response of No to the "Did you smoke during the last 3 months of pregnancy?" question at the first postpartum visit is used to determine this value.

The '00 cigs @ 6 wks pp' column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but at the 6 weeks postpartum visit were no longer smoking, by breastfeeding duration. A response of No to the "Do you currently smoke, Even a Puff?" question at the 6 week postpartum visit is used to determine this value.

The '00 cigs @ 6 mo pp' column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but at the 6 month postpartum visit were no longer smoking, by breastfeeding duration. A response of No to the "Do you currently smoke, Even a Puff?" question at the 6 month postpartum visit is used to determine this value.

The 'Total' column is the total number and percentage of participant smokers that quit smoking during the last three months of pregnancy, 6 weeks postpartum, or 6 months postpartum by breastfeeding duration.

Enrollment and Certification

Section 2 - 4.3.58 **:** 2 x 2 Tables to Show relapse at Different Points in Time

Priority: Required

Window: 2 x 2 Tables to Show relapse at Different Points in Time Initiation Window

Report: Yes

FSRD Reference: EP 9.3, PP16.2

Narrative:

This Window produces a summary report displaying 2 x 2 Tables to Show relapse at Different Points in Time.

Sort Criteria (Major to Minor):
  ORGANIZATIONAL UNIT CODE (ASC)

Data Current As Of: Run Time

Frequency: On Demand

Role(s): Enrollment and Certification

Section 2 - 4.3.58.1 **:** 2 x 2 Tables to Show relapse at Different Points in Time Criteria

NOT IN SYSTEM

Fields

Output Device - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

Filename - The user may enter the name of a file that the report is to be saved in here. Optional.

Number of Copies - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

Report Level - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

Button(s)

Previous - Displays the previous page of the report being previewed.

Next - Displays the next page of the report being previewed.

Run Report - Clicking on this button allows the user to run the report.

Cancel - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.58.2 : 2 x 2 Tables to Show relapse at Different Points in Time

Report Date: MM/DD/YYYY   Page: ZZZ9
  Report #

Arizona WIC Program
2x2 tables to show relapse at different points in time
(Report Level)

 Agency: XX XXXXXXXXXXX

      <u>Among Women who smoked 3 months prior to Pregnancy</u>

A.	<u>Smoked last 3 months of pg</u>	<u>Did not smoke last 3 mo of pg</u>	<u>Totals</u>
<u>Smoked at 6 wk pp</u>	ZZ9 ZZ.9 % ZZ.9 %	ZZ9 ZZ.9 % ZZ.9 %	ZZ9
<u>Did not smoke at 6 wk pp</u>	ZZ9 ZZ.9 % ZZ.9 %	ZZ9 ZZ.9 % ZZ.9 %	ZZ9

      <u>Among Women who smoked 3 months prior to Pregnancy and during the last trimester</u>

B.	<u>Smoked at 6 wk pp</u>	<u>Did not smoke at 6 wk pp</u>	<u>Totals</u>
<u>Smoked at 6 Mo pp</u>	ZZ9 ZZ.9 % ZZ.9 %	ZZ9 ZZ.9 % ZZ.9 %	ZZ9
<u>Did not smoke at 6 Mo pp</u>	ZZ9 ZZ.9 % ZZ.9 %	ZZ9 ZZ.9 % ZZ.9 %	ZZ9

Figure 371 - 2 x 2 Tables to Show relapse at Different Points in Time

Calculations

The following notation is used for the calculations and background processing.

A1 = The data found at the 'Smoked at 6 wk pp' row and the 'Smoked last 3 months of pg' column in the upper left of the top(A) half of the report.
A2 = The data found at the 'Smoked at 6 wk pp' row and the 'Did not Smoke last 3 months of pg' column in the upper right of the top(A) half of the report.
A3 = The data found at the 'Did not Smoke at 6 wk pp' row and the 'Smoked last 3 months of pg' column in the lower left of the top(A) half of the report.
A4 = The data found at the 'Did not Smoke at 6 wk pp' row and the 'Did not Smoke last 3 months of pg' column in the lower right of the top(A) half of the report.
B1 = The data found at the 'Smoked at 6 mo pp' row and the 'Smoked at 6 wk pp' column in the upper left of the bottom(B) half of the report.
B2 = The data found at the 'Smoked at 6 mo pp' row and the 'Did not Smoke at 6 wk pp' column in the upper right of the bottom(B) half of the report.
B3 = The data found at the 'Did not Smoke at 6 mo pp' row and the 'Smoked at 6 wk pp' column in the lower left of the bottom(B) half of the report.
B4 = The data found at the 'Did not Smoke at 6 mo pp' row and the 'Did not Smoke at 6 wk pp' column in the lower right of the bottom(B) half of the report.

Within each cell, (A1, A2, ...) the report lists three values from top to bottom, these numbers are referred to as Count, Row%, Column%.

For example, here is portion of the top half of the report with labels for the A1 and A2 cells.

A.   Smoked last 3 months of pgDid not smoke last 3 mo of pg

Smoked at 6 wk pp   A1 Count   A2 Count
                                 A1 Row%   A2 Row%
                                 A1 Column%   A2 Column%

...

A1 Count - Count(participants who smoked through pregnancy and at 6 wk postpartum visit)
A1 Row% - (A1 Count / A1 Count + A2 Count) x 100
A1 Column% - (A1 Count / A1 Count + A3 Count) x 100

A2 Count - Count(participants who quit smoking by end of pregnancy, but were smoking at 6 wk postpartum visit)
A2 Row% - (A2 Count / A1 Count + A2 Count) x 100
A2 Column% - (A2 Count / A2 Count + A4 Count) x 100

A3 Count - Count(participants who smoked through pregnancy and quit at 6 wk postpartum visit)
A3 Row% - (A3 Count / A3 Count + A4 Count) x 100
A3 Column% - (A3 Count / A1 Count + A3 Count) x 100

A4 Count - Count(participants who quit smoking by end of pregnancy and was not smoking at 6 wk postpartum visit)
A4 Row% - (A4 Count / A4 Count + A3 Count) x 100
A4 Column% - (A4 Count / A2 Count + A4 Count) x 100

B1 Count - Count(participants who smoked through pregnancy and at 6 mo postpartum visit)
B1 Row% - (B1 Count / B1 Count + B2 Count) x 100
B1 Column% - (B1 Count / B1 Count + B3 Count) x 100

B2 Count - Count(participants who quit smoking by 6 wk postpartum visit, but were smoking at 6 mo postpartum visit)
B2 Row% - (B2 Count / B1 Count + B2 Count) x 100
B2 Column% - (B2 Count / B2 Count + B4 Count) x 100

B3 Count - Count(participants who smoked at 6 wk postpartum visit, but quit at 6 mo postpartum visit)
B3 Row% - (B3 Count / B3 Count + B4 Count) x 100
B3 Column% - (B3 Count / B1 Count + B3 Count) x 100

B4 Count - Count(participants who quit smoking by 6 wk postpartum visit and was still not smoking at 6 mo postpartum visit)
B4 Row% - (B4 Count / B4 Count + B3 Count) x 100
B4 Column% - (B4 Count / B2 Count + B4 Count) x 100

Total - Row count

Background Processes

The top half of the report, section A, includes only those that responded Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function at the 6 months postpartum visit.

The bottom half of the report, section B, includes only those that responded Yes to the "Did you smoke during the 3 months before you became pregnant?" and the "Did you smoke during the last 3 months of your pregnancy?" questions in the health history function at the 6 months postpartum visit.

The smoking history record used for the 6 month postpartum visit is the smoking history record of the infant when the infant is between 26 and 36 weeks of age. When multiple smoking history records exist in the time period the one nearest to 26 weeks of age is used. The response to the "Do you currently smoke, Even a Puff?" question is used to determine whether or not the participant has quit smoking.

The smoking history record used for the 6 week postpartum visit is the smoking history record when the infant is between 0 and 6 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 weeks of age is used. The response to the "Do you currently smoke, Even a Puff?" question is used to determine whether or not the participant has quit smoking.

[END CO 5]

List of Figures